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ABSTRACT

This document explains how tutors and managers in adult education programs across the United Kingdom can smooth the journeys of adults with mental health difficulties who are returning to learning. The handbook begins with suggestions for its use and case studies of two adult learners with mental health difficulties. Sections 1 through 4 discuss the following topics: (1) mental health (the definition of mental health, mental health promotion, moving from mental health services to learning opportunities); (2) pre-learning (being positive about mental health, advertising and marketing, liaison with external agencies, referral and record keeping, looking after information, guidance, disclosure); (3) teaching and learning (ways of encouraging learners to return to learning, the learning environment, adult and community learning provision, mental health and stress, learning support, other ways of supporting learners, the tutor-learner relationship, the emotional experience of learning, recognizing achievement); and (4) the mental health of staff who support learners. The following items are appended: (1) glossaries of mental health roles and support services and mental health diagnoses and treatments; (2) overviews of the Disability Discrimination Act, Common Inspection Framework, and National Service Framework; and (3) lists of useful contacts, help lines, organizations, and 19 publications and World Wide Web sites. (MN)

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A handbook for tutors and managers in adult education working with people with mental health difficulties

Joy Mather and **Sue Atkinson**

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Learning Journeys

A resource handbook on adult learning and mental health

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Foreword

For years, many have searched resource centres and library shelves in vain for information that will help them work more effectively with learners with mental health difficulties. This *Learning Journeys* handbook fills the long-standing gap on the shelves.

It is gratifying to write a foreword for a publication that seeks to develop a good practice, particularly practice that recognises the essentially complex and diverse nature of the individual experience of mental health difficulties.

The bold numerical statistics about mental health difficulties are regularly published and frequently voiced. They coldly utilise the impartiality that only numbers can claim. They look backward and they predict forward, they are compared, they launch campaigns, they inform new policies, they become targets to achieve or aspire to. Unemployment, retention, achievement, hospitalisation and costs, all summed up and characterised by numbers.

The numbers can seduce you, make you sit up, or cause you to question, but they never paint a picture of the reality. That picture would have to contain many colours, tones, textures, light and shade, design and geometry, to truly represent the people that make up the stories behind the statistics purporting to inform about mental health difficulties.

This publication fully acknowledges the breadth, sweep and depth of the complete picture that those neat statistics can never describe. This publication says, don't simplify, don't seek to generalise but instead understand the individual's unique abilities, aspirations and support needs.

This handbook provides a resource that will enable all those working in a learning environment to respond to the reality of mental health difficulties in real and effective ways.

At long last, those searching the shelves and publication lists will find what they are looking for.

Kathryn James
NIACE

Jeremy Braund
Lancashire County Council

Introduction

This handbook is for tutors who work with learners with mental health difficulties and managers of provision for learners with mental health difficulties.

It is aimed at:

- Tutors who are new to this area of work and are looking for answers to some of their questions and concerns;
- More experienced tutors and designated mental health support staff who will hopefully check out and validate their existing practice, but who may find new ideas that challenge pre-conceived thoughts and ways of working; and
- Managers and designated mental health support staff who are responsible for ensuring that their provision complies with the Disability Discrimination Act, is inclusive and meets any necessary quality and inspection frameworks.

We hope that this handbook, which is about the journey that learners with mental health difficulties make as they return to learning, will also be a learning journey for the users of this handbook.

How to use this handbook

If you already have some experience working with learners with mental health difficulties, you will know that there is no 'typical' learner with mental health difficulties. All learners with mental health difficulties will have different hopes and aspirations, varying degrees of prior experience and qualifications and varying levels of needs or difficulties. Just as you would never make an assumption based on gender, age or ethnicity, you can make no assumptions based on mental health diagnoses.

If you already have some experience in working with learners with mental health difficulties you will also know that what most learners with mental health difficulties want and need to help them access learning and be successful is exactly the same as most adult learners returning to learning. Consequently, this handbook provides pointers towards aspects of positive practice and good quality provision to help you think about things you may not have previously considered. This handbook is designed to be an interactive handbook. It is designed to make you think how you can provide good teaching and learning to people with

mental health difficulties in the context of your own organisation and within the resources you have available. There are three ways in which you can use this handbook:

1. Using the case studies

There are four case studies used throughout this handbook. You are introduced to them as examples of success and achievement, because learners who go through adult and further education are successful in many different ways. However, their individual stories also reflect the journey from using mental health services to becoming a learner. Their stories illustrate the kinds of learning support needs that people with mental health difficulties may have.

It is important, however, to remember that as case studies they have been invented to illustrate certain learning points for you as a tutor. It would be a mistake to assume that all learners incorporate all these features, or present all these difficulties or needs.

Some learners with mental health difficulties will have quite a high level of need, but others, once they have settled into their learning, may be independent and will go from strength to strength. The case studies illustrate that learning can be a route to empowerment, enjoyment, qualifications, employment and increased confidence and self-esteem. Learning, when it is well-supported, has a positive impact on the mental health of learners. You can use these case studies to facilitate discussion among colleagues as to how your organisation would provide appropriate support at each stage of their learning journey. They can be used for role-play, and they can also be used by yourself to reflect upon how you might handle each particular situation.

2. Thinking and talking

Throughout the handbook there are also 'thinking and talking' activities. These are questions, quotes and activities designed to get you doing exactly that. You can use them to reflect upon your own individual practice or you can use them to stimulate discussion among your colleagues.

3. Action

At particular stages in the handbook there are also action points. These are a series of yes/no statements about the type of support you provide in order to enable people with mental health difficulties to access learning within your organisation. You can then choose which statements your organisation would like to comply with and transfer it to an action plan at the back of the handbook. These action plans are designed to make you think about how you can move your organisation on and improve on the learning and support it provides to people with mental health difficulties.

If you want to complete the action plans be realistic about what you can take on and achieve. Think carefully about who else you need to involve. Working towards inclusion and equality of access for any group of marginalised or excluded groups of learners needs to be the

responsibility of the whole learning organisation, not just of one dedicated but overworked person. Enlist the support of your manager and your team before you start and then think about who else within the organisation you need to involve.

Case studies

These four case studies give a picture of four learners who have achieved a great deal of success, but as you work through Sections 2 and 3 you will see that the routes they had to take to get to where they are now were not always easy. With determination on their part and appropriate support on the learning providers' part, however, they have achieved a lot and will continue to achieve in their learning.

Their stories will be interposed through Sections 2 and 3 so that you can see what progress they are making.

Use the case studies to:

- Reflect on your own practice – what would you or your organisation do in each situation?
- Facilitate discussion in staff development sessions and encourage colleagues to think about how they would handle different situations.

Anju

Anju is doing a Level 2 computing course which she is near to completing. She is quietly confident that she will pass. She works hard and really enjoys it, but is still undecided about what to do next. She can't make up her mind whether to continue with her studies or look for work. One option is to find a job and study part-time, but the option of higher education also appeals to her. During her time at college she has made many friends, including some close friends that she sees outside college. Much to her amazement, one of her friends recently talked her into joining a dance class. Anju can't believe how much fun she has there.

Ronan

Ronan is 22 years old and is doing the third year of an Access to H.E. course. The college he attends allowed him to start off the course with only one unit at the beginning and then build up his attendance as he gained in confidence. He now attends for 16 hours per week along with all the other learners on the course. Last week Ronan had an appointment with the careers adviser for the college to discuss applying to university and he now has UCAS application forms to complete. This represents a huge milestone for Ronan and one which, five years ago, he didn't think he would see.

Ronan is still a perfectionist and is still very motivated to do his best, but he is learning to relax and to accept that, at times, perfection is not possible.

Jim

Spurred on by his success and motivated by the pleasure and enjoyment that he has derived from all the courses he has done over the past four years, Jim is now doing three courses at his local adult education centre in painting and drawing, jewellery-making and creative writing. For Jim, the most important aspect of his learning is the opportunity to express himself. It has been a revelation to him that other people seem to find value and worth in his ideas and what he has to say, whether in words or artistically. Such is his growth in confidence that he now finds his ability to express himself extends into other areas of his life, and he finds himself asking questions of people in official positions when he doesn't understand what they are saying to him. Recently he even made a very calm and polite complaint at his local supermarket about some rude and dismissive service he received. The manager was most apologetic and Jim received a voucher and letter of apology.

Kim

Kim is employed at a local privately-owned leisure centre as a beauty therapist. She currently has one day off per week to complete her NVQ in beauty therapy. Kim is very popular both with other members of staff at the leisure centre and with many of her clients. She is known for her relaxed and friendly manner and thought to be 'good with people'. When she completes her NVQ, her employer has offered to pay for her to do other short courses so that she can offer new and different treatments to clients. Kim loves her job and is optimistic about her future.

Kim has moved out from the family home into her own flat. She still visits her mother, brothers and sister to help out when she can, but has been able to get more help from Social Services for them.

Section 1: Mental health

This section provides an overview of mental health – what it is and what the experience of mental health difficulties means to individuals. It looks at mental health promotion and why it needs to be a concern to learning providers. Building on from this, it looks at how learning providers can work in partnership with mental health services to support people with mental health difficulties and to access learning opportunities.

Definitions of mental health

Thinking and talking

- How would you define 'mental health'?
- How do you know when your mental health is not as good as you would like it to be?

These apparently simple questions are surprisingly difficult to answer, despite the fact that for years there have been textbooks full of psychiatric symptoms, and descriptions of various mental illnesses.

Here is one definition of 'mental health':

> *Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth.*
>
> (Health Education Authority, 1997)

What is mental health?

Everyone has physical health: it's the state your body is in. Everyone has mental health too: it's the way you feel in your mind, or the state your feelings are in. Physical health and mental health are very individual – what feels normal, healthy and good for one person doesn't necessarily feel normal, healthy and good for another. Physical health changes all the time because it depends on so many things like eating and sleeping patterns, exercise, habits and exposure and resistance to viruses or infections. Other factors such as income and housing are significant too.

Thinking and talking

- What factors do you think affect mental health?

How does your list compare with the list below?

Some factors affecting 'mental health':

- How much stress you are experiencing in the different aspects of your life. Stress is a very significant influence on mental health, and it can be caused by many different physical, economic, social and psychological factors.
- Whether you are feeling good about yourself – your level of self-esteem.
- Whether you're involved in a social network, maybe within employment or within the community.
- Whether you are getting on positively with family and friends.
- Whether you are feeling physically well, and have enough energy to cope with the demands of your life.
- How much support you feel you have from those around you.
- Whether you are eating and sleeping well.
- How well you are able to look after yourself.
- Whether your life contains a balance between work and relaxation or duty and pleasure.
- To what extent you feel able to influence what happens to you, both in your personal and working life.
- Drugs and alcohol.
- Whether you are experiencing a sense of loss – maybe through a bereavement, through moving house, or changing or losing jobs.

How common are mental health difficulties?

Although we are used to thinking about and discussing physical health, mental health doesn't get talked about much in our culture. There is a general lack of awareness of it, a reluctance to talk about it, so, not surprisingly, there are many myths and confusions. Yet mental health difficulties are a major cause of illness and disability and is one of the most frequent reasons why people visit their doctor.

Some surveys have estimated that a least one third of all GP appointments are as a result of psychological or social problems.

Between one in four, and one in six people will experience some kind of mental health problem during the course of this year.

By 2020, depression will be second only to chronic heart disease as an international health burden.

An estimated one in 50 people will experience serious mental health difficulties.

MIND (2000) *Understanding Mental Illness*, MIND

These figures clearly have serious and widespread implications, and yet our awareness of mental health issues is poor.

Stigma

There is a great deal of stigma attached to mental health difficulties. Stigma means to shun or dismiss someone because of the way they look or to attribute negative characteristics, such as aggression or irrationality, to them. This can lead to individuals or groups being excluded or to be left with a feeling of not 'fitting in'.

Stigma, or fear of stigma, can be very distressing and emotionally exhausting. It can affect the way an individual behaves; for instance, preferring not to apply for jobs for fear that the reason for gaps in their employment history will be discovered; or preferring to only join in social groupings with people with shared similar mental health problems. Some people with mental health difficulties believe that it is harder to deal with the stigma of mental health than the symptoms of their particular mental health condition.

MIND (2000) *Counting The Cost : Mental Health in the Media*, MIND

Myths and misconceptions about mental health

The stigma attached to mental health means that some people don't want to talk about or acknowledge it. Therefore, a great deal of ignorance and misconceptions surrounds it. Some myths which are commonly held are:

- Mental illness is the same as learning difficulties;
- People who are mentally ill are violent; and
- People with mental health difficulties are demanding and attention-seeking.

ALL THESE MYTHS ARE WRONG!

Myths are dangerous. Holding onto myths and misconceptions can hurt the person you believe them about. They will also affect the way you act towards that person so that you act prejudicially. The way that person responds, e.g. by withdrawal, frustration, anger or distress, may be a reaction to the prejudicial way you have treated them rather than anything to do with their mental health.

Thinking and talking

- People experiencing mental and emotional distress are rarely violent towards others. Where do the myths about people with mental health difficulties being violent come from?
- Mental health is not an 'us and them' condition in which those experiencing mental health problems are 'sick' while everyone else, and society itself, is 'well'. Do you agree with this?
- It is more likely that people with mental and emotional distress have to deal with their difficulties in hostile situations where they are stigmatised, than they exhibit hostility to others. Do you think this is true?
- If people carry a mental health label it is not uncommon for their anger to be seen as a symptom rather than a response to a given situation. Do you think this is true? Is it more true for learners with mental health difficulties than other groups of learners?
- Statistically, you will already work with learners and tutors who will have experienced, or be experiencing mental health difficulties. Do you think this has any repercussions for your day-to-day work?

Quotes

Here are three quotes from people who have experienced mental health difficulties. They are examples that show that we all experience the same feelings and emotions. People with mental health difficulties have the same feelings and emotions as all of us, but there may be times when they may be more extreme and therefore harder to cope with. However, it is a feeling of 'differentness' that can be stigmatising, labelling and ultimately excluding.

These things I have been...

I have been innocent but precocious and stubborn.
I have been a hero in the making in my mind.
I have been amazed by grass and trees I could touch.
I have been confused by a big new world.
I have been devastated when my mother died.
I have been in love for the first time and the last.
I have been an anxious parent in a bedside vigil.
I have been depressed beyond belief and beyond imagining.
I am fighting to survive but my hope is waning.

Michael Robinson

I have no idea how I managed to pass as normal in school, except that other people are generally caught up in their own lives and seldom notice despair in others if those despairing make an effort to disguise the pain. I made not just an effort, but an enormous effort not be noticed. I knew something was dreadfully wrong, but I had no idea what, and I had been brought up to believe that you kept your problems to yourself.

Kay Redfield Jamison (1997): *An Unquiet Mind, A Memoir of Moods and Madness*, Picador

The Crossword school of being mad...

Barmy, bats, bananas, dotty, daft, cuckoo, cranky, irrational, crazy, disordered, deranged, demented, eccentric, insane, unhinged, unbalanced, sectioned, possessed, berserk, delirious, rabid, psychotic, screwy.

Nutty as a fruit cake, doolally, loco, psycho, kooky, gaga, cracked, dippy, loopy, lunatic, wacky, manic, schizophrenic, non compos mentis, not the full shilling, one wave short of a shipwreck, a sandwich short of a picnic, not all there, touched, out to lunch, round the bend, off your rocker, bonkers, crackers, potty, frenzied...

I rest my (nut) case.

Rodney Yates

You may want to use these quotes for your own reflection or you may want to use them to facilitate discussion among colleagues.

Mental health promotion

The stigma attached to mental health can lead to social isolation and social exclusion.

- 13 per cent of people with mental health difficulties are in employment (compared with around 33 per cent of people with other long-term health problems).
- 47 per cent of people with mental health difficulties have been harassed or abused in public.
- 14 per cent of people with mental health difficulties have been physically abused in public.
- 26 per cent of people with mental health difficulties have been forced to move home because of harassment.

Mind Out for Mental Health (2001): *Working Minds Toolkit – a practical resource to promote good workplace practice on mental health,* Mind Out.

These statistics highlight the levels of discrimination against people with mental health difficulties which can lead to social exclusion. Unfortunately, the exclusion of people with mental health difficulties extends to adult education. Traditionally people with mental health difficulties have been absent from adult education, or have felt unable to disclose their learning needs for fear of rejection.

Adult education can be a force for positive mental health.

Participation in learning can have a positive impact on an individual's mental health. The positive benefits of returning to learning might include:

- Learning new skills;
- Regaining former skills and abilities;
- Raising confidence and self-esteem;
- Feeling more empowered;
- Having something else to think about rather than dwelling on negative or sad thoughts;
- Making new friends and widening social networks;
- Having a structure and purpose to everyday life;
- Acquiring a new identity as a learner;

- Being viewed more positively by others;
- Having a sense of hope and direction in life; and
- Finding pleasure and enjoyment in learning new things.

The post-16 education sector can also have an important role to play in combating social exclusion in society in general. Adult education can be a means to:

- Building up new networks and friendships;
- Encouraging civic participation and involvement in local communities; and
- Improving employment prospects.

It is therefore important to take every opportunity to promote positive mental health and to break down the stigma surrounding mental illness.

Mental health promotion is important for learning providers, because:

- It is a way to inform learners and staff about mental health and therefore to encourage them to look after their own mental health;
- It enables you to develop a more inclusive and welcoming environment in which people feel happier to learn and work;
- It creates an atmosphere of openness and trust so that learners and staff make the most of their potential; and
- It creates an atmosphere of openness and trust so learners and staff feel free to ask for help, and difficulties can be addressed before they become problems.

What is your learning organisation doing about mental health promotion?

The government has indicated the importance of tackling this issue by giving a clear message about the importance of mental health promotion and awareness raising in Standard One of its National Service Framework for Mental Health. In this standard, education establishments are clearly listed as targets for development, along with workplaces – which of course, all post-16 education providers are. More details of the National Service Framework are given in the appendix.

Learners with mental health difficulties – and any learners likely to be perceived as 'different' for any reason – have rights to be educated in establishments where there is a proactive, wide-ranging and thorough approach to equal opportunities and disability discrimination policies.

It is still unusual for staff development programmes to address mental health issues as a matter of course, and yet within a large establishment at any one time there will be staff as well as learners who are affected by mental health difficulties.

Disability discrimination and equal opportunities legislation applies to all staff and learners alike, and it should therefore be both implicit and central to the work of personnel departments and senior management. Teaching staff are much more likely to be sensitive to the needs and challenges of learners in difficulty if they are working within a climate which respects and responds to their own needs and where there is a positive and resourced approach to respecting and supporting 'difference' and equality. See the appendix for more details of the DDA.

Action

Look at the list below and tick the ones which apply to your organisation.

Choose a few that you have not ticked and would wish for your organisation to comply with. Add them to your action plan.

- ❑ Our organisation's Equal Opportunities staff development programme includes mental health awareness-raising.
- ❑ Mental health awareness is seen as imperative in the development of Human Resources and senior management staff.
- ❑ Our organisation actively and positively supports raising learner and staff awareness through annual campaigns such as World Mental Health Day.
- ❑ The responsibility for mental health awareness is shared across a number of different sections within our organisation.
- ❑ Mental health awareness-raising activities are organised within our learning organisation.
- ❑ Staff are confident and comfortable about responding to the mental health needs of our learners.
- ❑ Learners within our organisation know that positive mental health is important for all of us.

Moving from mental health services to learning opportunities

When a person becomes ill and experiences difficulties with their mental health they usually seek help, in the first instance, from their GP. For many people their support needs will be provided through their GP's surgery or local health centre (primary care services). This might include prescribed medication or referral to a practice counsellor or practice therapist.

If a person's mental health needs cannot be met through primary care services they will be referred to mental health services. A team of mental health professionals, such as a social worker, community psychiatric nurse or psychiatrist, may play a part in their care package, though only one of them may have a key role in their support. (The glossary at the back of the handbook will give you a description of these professional roles). People who are supported through mental health services may come into contact with education providers because they have decided that they want to return to learning. Alternatively, returning to learning may have been suggested to them by a mental health professional who feels that they are well enough and that the challenge of learning will be beneficial to their recovery.

When people with mental health difficulties move into education they rarely leave the support of mental health services behind but will retain a number of 'professional' relationships with mental health workers who are supporting them in different ways, and with various aspects of their lives.

As a member of staff from a learning organisation you may find yourself coming into contact with mental health professionals. Contact with mental health services is important, and it is very useful to think about how your organisation dovetails with mental health services to support a seamless transition for people with mental health difficulties to move from mental health services to learning opportunities.

It is important for you to be clear about where the role of the mental health services ends and your role begins. One of the most important 'normalising' and confidence-building aspects of returning to learning for people with mental health difficulties will be the fact that they are seen as a 'learner' rather than as a 'patient' or 'service user'. Part of this value is dependent on you as a tutor or staff member from a learning organisation maintaining a relationship with them as a 'learner'.

While many people who experience an episode of mental health difficulties make a full recovery, others will have recurring bouts of mental ill-health. The journey from mental health services to learning opportunities may not be straightforward or linear. As with any adult returning to learning, there may be other factors in the learner's life that may interrupt their learning journey, such as childcare responsibilities, moving house, moving area or financial reasons. Many adult returners to learning need to take breaks from it from time to time. However, for learners with mental health difficulties, the fluctuating and sometimes cyclical nature of mental illness can be another reason for an absence from the learning environment. A relapse of mental health difficulties can mean that an individual may have to withdraw from learning for a while.

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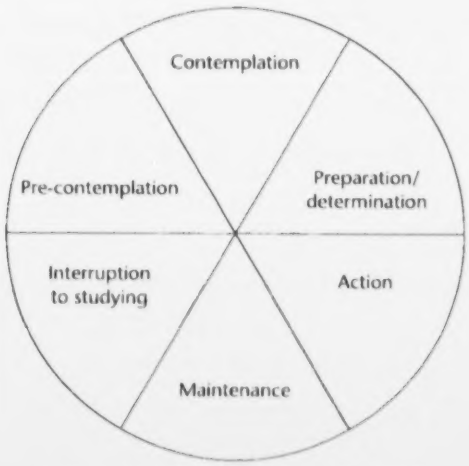
This interrupted process can be frustrating and undermining to the confidence of both the learner and the tutor, but it is absolutely crucial that this is accounted for when setting up learning provision.

Changing the way of looking at things can help to maintain positive energy through the fluctuations in some learners' health. There are models from other disciplines which might be relevant and helpful within an education context: they may help to re-frame the learning experience so that it can be perceived more positively.

The wheel of change



Based on Prochaska and Di Clemente (1986)

By seeing the process as cyclical rather than linear it implies that this is a continuous process and provides reassurance that there is always a next stage.

Learners who are going through this process will need, in varying degrees, support from mental health services and the learning provider. This next diagram shows the support that might need to be provided at each stage in the learning journey. It is important to note that if there is an interruption to studying for whatever reason – a setback in a person's mental health, or time away to care for dependents (for example) – the learner may need support to come back and continue with their learning.

It is also worth noting that learners may view holidays as an interruption to studying and may experience anxieties about returning to the learning environment, no matter how keen they are to continue with their studies. You might want to give consideration as to how you could support learners coming back after the longer holiday breaks.

This diagram is included here to get you thinking about the model of support your organisation offers. It is intended to give you a structure to which you can attach the everyday practicalities of support. The diagram should also give you some idea of how you can work in partnership with mental health services to provide a continuum of support for learners.

Learner Support

Learner	Mental Health Support	Education Support
Pre-contemplation	Recognition that whatever has happened in the past, change is always a possibility, and that support will be available during the process.	Education providers to send information to as many referring agencies as possible, so that workers can act as soon as the time is right for their clients.
Contemplation	Continuing support, with space to discuss hopes and fears, and enough information to assess underlying reasons, benefits and consequences.	Education providers prepared to meet potential learners on own territory – maybe in locations which are not education establishments – to discuss general possibilities.
Preparation and determination	Support during visits. Help to prepare appropriate questions. Discussions after visits about reactions and concerns. Talk through practical implications of enrolment, attendance and support.	Provide individual and more specific information regarding possible courses. Organise visit to educational establishment. Provide information about enrolment and registration. Arrange preliminary talks about available support.
Action	Organise ongoing contact and support as and when it is needed. Set up and agree liaison arrangements with education contacts.	Enrolment and registration to facilitate the relevant information needed to organise appropriate support. Negotiate liaison with supporting agency if learner is happy. Agree start date, support and induction.
Maintenance	Regular contact is crucial even if this is less frequent: ■ Give ongoing recognition and acknowledgement that progress has been, and is being made; ■ Remind about benchmarks and coping strategies which work in times of stress; ■ If necessary assist learner to make contact with education provider as soon as possible if there are difficulties; and ■ If progress is good, watch for sabotage and self-destruct mode!	Delivery of learning is crucial: ■ Provide frequent opportunities for learner to recognise and reinforce progress and achievements; ■ Establish peer support frameworks; ■ Minimise negative feedback by checking marking and assessment styles, and monitoring effects of group discussions by building in 'feedback' time; ■ Offer regular individual feedback opportunities so that any problems can be identified and responded to as soon as possible; and ■ Monitor attendance and ensure that follow-up contact is made in a positive and helpful way.

Learner	Mental Health Support	Education Support
Interruption to studying	Involve education provider by negotiating shared information about the situation. Keep lines of communication open. Recognise and share that this may be an understandable response to progress. Re-visit work done in earlier stages. Emphasise that backward steps can be a natural part of moving on, so that any progress made isn't invalidated. Maintain contact with education provider.	Involve mental health support by negotiating shared information and understanding about the situation. Keep lines of communication open with the learner and with those supporting the learner. Discuss ways of maintaining sensitive contact in some way – e.g. distance learning, extensions, peer contact and support, deferred entry or assessment, guaranteed place on next course, etc. NB – the more flexible and sensitive the delivery, the more options there will be for a successful return to study.

Thinking and talking

You may find it useful to complete a blank diagram adding in the support you and your organisation provides at each stage and how you work alongside mental health services.

Learner support

Learner	Mental health support	Education support
Pre-contemplation		
Contemplation		
Preparation and determination		
Action		
Maintenance		
Interruption to studying		

Points to consder:

- Are there any gaps in the support that you provide to learners during this learning journey?

- What support for learners is provided by mental health services during their transition into learning?

Many of the support strategies that enable people with mental health difficulties to access learning will be discussed in greater depth in the next two sections. You might want to keep referring back to this diagram as you work through the handbook to see where each bit fits in. Using your action plan might help you identify where the need to develop your provision is greatest.

Section 2: Pre-learning

This section is about how you and your organisation meets the needs of prospective learners. It covers subjects such as liaison with external agencies, and marketing and referrals, so you can ensure that you are encouraging and widening participation in learning. It also covers subjects such as disclosure, guidance and enrolment so you can support access to appropriate learning opportunities.

Being positive about mental health

The learner, in embarking upon their formal learning journey, is about to become a part of your organisation. Think about how you can work towards creating a non-stigmatising environment where learners will feel able to disclose information about themselves in order to obtain the relevant support. Take some time to think about what kind of an organisation it is in terms of attitudes, acceptance and sensitivity.

Action

Take a look at each of the statements below. If you agree with the statement in relation to your organisation, tick the box. If the statement is not true, leave it blank.

- ❑ We encourage learners to declare mental health needs by making clear our organisation's commitment to mental health.
- ❑ We make it clear that any information a learner provides is confidential.
- ❑ We ensure that mental health is clearly included among positive statements with regard to learners with particular needs.
- ❑ When we ask for personal information, we make it clear to the learner how this will be used to support them.
- ❑ We ensure that all promotional literature acknowledges that some degree of mental distress is not unusual during times of change.
- ❑ We understand that if a learner declares mental health problems, they are not necessarily relevant to their learning and that the learner will not always want support.

- ❑ We ensure there is a named member of the organisation for learners to approach to discuss their needs if they so wish.
- ❑ We provide leaflets giving information on mental health difficulties throughout our organisation.
- ❑ We ensure information on mental health issues is available on web sites, within learner services at student union offices and welfare services.
- ❑ We demonstrate that our organisation is a non-stigmatising one.

If you have ticked all the boxes, then your organisation could seem to have a clear understanding that some learners experience mental and emotional distress and that there is a commitment to supporting them. If you have not, it's time to take action!

Prioritise three of the statements that you did not tick and put them into your action plan.

Advertising and marketing

Learning providers often have substantial budgets for advertising and marketing. It is one way in which new learners are attracted into learning. There is a responsibility upon marketing departments within learning provision to show that there is equality of opportunity for all learners and potential learners. How educational organisations market and advertise their facilities and opportunities is now covered under the Disability Discrimination Act. This section encourages you to pay attention to the advertising and marketing strategies of your organisation.

Many learning providers ensure their marketing materials reflect equality of opportunity for all learners by including positive images of women, disabled people and different ethnic groups.

Thinking and talking

- ■ How do you ensure that people with mental health difficulties, often a hidden disability, are included?

Positive marketing is also about what you don't say.

Thinking and talking

A local college advertises its services on public transport, in the local media and in large advertisements on the local multiplex cinema screen.

The text reads:

> **HEADCASE**
>
> **You'd have to be mad to think A' levels are the only route to a degree.**

- What message does this sort of advertising send to people who have mental health difficulties?
- What ways can you use advertising and marketing to break down barriers to learning for people experiencing mental health difficulties?
- How can you use marketing and advertising to positively support learners with mental health difficulties and get them to think about opportunities which suit their learning needs?

Liaison with external agencies

An effective marketing strategy is to liaise with mental health services and voluntary groups that support people with mental health difficulties. This can enable you to reach individuals that would not normally respond to adverts or prospectuses. It can also enable you to build a relationship with mental health professionals, mental health support workers and advocates. If they are aware of what you have to offer and are confident about the quality of it, they will be willing to refer people who would not normally access learning. They will also be able to support the individual in making the transition into learning.

Thinking and talking

Below is a series of quotes from mental health professionals about the role of post-16 education for their clients:

> *"... under the Care Programme Approach ... they have identified that perhaps a person needs to do a little more. Wants to do a little bit more and, in the past, they have had an interest in, say computing, or drama, or whatever. Then, maybe, there is a need to be fulfilled and that is one of the ways perhaps that need could be addressed... perhaps suggesting it to the person who may not have thought about it for a long time... or maybe the client suggests it."*

"... if it comes up at a pre-discharge care meeting about how best to support this person in the community... I often take a list of what's available locally along. Having first got to know the person concerned... perhaps suggest one or two places to go ... including one or two courses at the college."

"They (adult education) can offer a structured flexible way of learning, in an enjoyable way that will fill in good chunks of the person's day... it gives them the opportunity to achieve something... to actually do something and make something. Something tangible..."

"Confidence, increased self-esteem, feeling better about themselves, less dependency on us really... mixing with different people. It increases social skills ... the ability to interact with other people."

If your organisation wants to make contact with external agencies and set up a partnership with them, you need to be clear about what participation in learning can do for their client group and what advantages there might be for their own services. Using the quotes, make a list of why mental health services should consider returning to learning as an important option for their clients. Are there other things you might add to the list?

All practitioner quotes from Jowett, S., White, E., D'Uva A. (Sept 2000). *An Evaluation of the Stepping Stones Programme*, University of Keele, unpublished

Thinking and talking

- Which external agencies do you or your organisation liaise with?
- How do you market your learning opportunities to those organisations?

Action

Look at the list below and tick any that already apply to your organisation.

- ❑ We liaise with a range of external agencies in mental health services and primary care services, as well as the voluntary sector and user groups.
- ❑ We are proactive and always seek to liaise with a wider range of external agencies.
- ❑ We provide external agencies with a clear explanation as to our remit.
- ❑ We provide external agencies with clear guidelines on how potential learners and mental health professionals may access our services.

- ❑ We provide those agencies with a named person who they, and the individuals they work with, can contact.

- ❑ We work in partnership with a range of external agencies, offering them the benefit of our services and support as well as receiving support from them, e.g. through staff development sessions.

- ❑ We have been involved in planning events with external agencies either informally or formally through Joint Investment Plans and other planning forums.

There may be statements that you have not been able to tick. Prioritise one or two of the ones you would like to achieve and transfer them to your action plan.

The referral process and record-keeping

This section looks at the referral system to your organisation. How individuals are referred is important as sensitive referral can help to alleviate anxiety. Appropriate referral ensures that people do not waste their time or have their expectations raised unnecessarily.

Some people with mental health difficulties may want to go through the usual application procedure independently without using the support provided by mental health services or through any specific referral process you provide. This decision obviously needs to be respected. However, one way to support people with mental health difficulties into college is to set up a referral process. This can make access easier for some people by:

- Acknowledging their mental health needs and thereby implicitly stating that you welcome their application to return to learning;

- Providing a simpler and more personalised application procedure; and

- Having a named person that can build up a relationship with mental health service providers, who becomes known, by word of mouth, as approachable, supportive and the person who will help.

Learners who apply through a specific referral process may refer themselves or they may be referred by a mental health professional. You and your organisation need to be able to cope with both methods of referral.

Action

Take a look at the statements below. If you agree with the statement in relation to your organisation, tick the box.

Next, prioritise any of the statements that you haven't ticked and transfer it to your action plan at the end of the chapter.

- ❑ We have referrals from people receiving support for their mental health and from staff on behalf of, and with the agreement of, their clients.
- ❑ We have specific referral forms for the learner.
- ❑ We date referrals when we receive them in order to ensure learners are offered appointments on a fair basis.
- ❑ We keep information from the referral form on the database to record numbers of referrals and other relevant information.
- ❑ We are clear about what information we request from people and why.
- ❑ We make clear exactly what information we would like to keep.
- ❑ We ask the learner's permission to keep information.
- ❑ We ensure the learner gets a copy of any notes or information we take.
- ❑ We give learners a copy of any agreed plans of action.
- ❑ We ensure activities are logged on the database as a record of contact and noted in the client's own personal file.
- ❑ Individuals can access learning without having to go through the regular application process.

Looking after information

Individuals using the mental health services are among some of the most stigmatised in society, and many are understandably sensitive about discussing details about their mental health. Policies, protocols and open communication about data protection and confidentiality are essential.

Action

Take a look at the statements below. If you agree with the statement in relation to your organisation, tick the box.

- ❑ Use of personal data is registered with the Office of the Data Protection Commissioner.
- ❑ We have policies, systems and procedures in place to ensure compliance with the Data Protection Act.
- ❑ There is a nominated staff member who is responsible for ensuring that systems are specified and maintained.
- ❑ Arrangements are in place for the training of colleagues on data protection.
- ❑ We tell learners that we comply with the Data Protection Act.

Are there any statements that you haven't ticked that you want to add to your action plan?

Confidentiality

It is important to respect confidentiality in order to encourage learners to seek help where needed. Policies on confidentiality are essential; under the 1998 Data Protection Act, all data relating to a person's physical or mental health is regarded as sensitive personal data.

In practice, this means you need to:

- Make it clear to the learner that any information given to you will only be passed on to another person with the learner's knowledge and permission.
- If you need to talk to someone else about the learner without having obtained the learner's permission, do so without revealing the identity of the learner. If information is required by a third party, e.g. social workers, psychiatrists, GPs or parents, then the rights of the learner should be protected. State that the organisations normal policy is that personal information cannot be disclosed without the learner's consent. Any information that needs to be written should be written avoiding the use of jargon and diagnostic labels.

- Ensure that information about the learner is not left exposed to public view via computer screens or papers on desks. Information about the learner should be shared only for the purpose of providing support or for the protection of the learner or of others.

Exceptions

There are certain exceptions to maintaining confidentiality, as follows:

- If there is a legal requirement to disclose information related to crime;

- Certain courses involving care for the public e.g. nursing, medicine, childcare care of the elderly may have additional criteria with regard to confidentiality exceptions. In these circumstances, clear information must be given about when exceptions may have to be implemented and about the relationships between support and other services e.g. occupational health and learner health or counselling service; and

- If the learner is a danger to themselves or others.

Enrolment

Even if you have a targeted mental health marketing strategy and a referral procedure for users of mental health services, prospective learners will still have to go through a process of enrolment. This can be a daunting process to an under-confident potential learner. This section looks at some of the barriers to the enrolment process, the administrative hurdles and possible ways of avoiding or minimising them.

Enrolment procedures are covered under the Disability Discrimination Act. This includes support such as adequate and visible signage so that prospective learners can find their way about in a busy, unfamiliar environment. Disclosure of mental health difficulties during the enrolment process is also covered by the Disability Discrimination Act so it is important to ensure that staff responsible for enrolling learners know what to do when a learner states they have mental health needs.

Action

Check below for aspects of your organisation's enrolment and administrative procedures. Tick the box if you agree with the statement. Prioritise any that you haven't ticked and add them to your action plan.

- ❑ The administrative procedures that learners have to complete in order to enrol on courses are clear, simple and free from jargon.

- ❑ On all our forms and in all our procedures we make it clear why we need certain information.
- ❑ There are identifiable staff available to help navigate learners through any red tape.
- ❑ We provide a private area where learners can discuss their needs and provide personal information.
- ❑ We have specialist staff with specific training and expertise available to support learners with particular needs.
- ❑ We ensure reception staff are friendly, informal, supportive and informative.
- ❑ We ensure that staff acknowledge the presence of the learner, even if they are busy.
- ❑ We strive to identify any stressful procedures and minimise them wherever possible.
- ❑ We assume all learners want to be treated with respect and sensitivity.

Guidance

This section looks at the information, advice and guidance process for learners experiencing mental health difficulties. The journey that any adult makes to return to learning can be stressful, but for a person with mental health difficulties it is even more so. The stress of returning to learning can be split into two parts – the stress of accessing learning opportunities and the stress of undertaking learning. This section looks at the stages learners go through to access learning.

The guidance process, where and how it happens, can be an important way to minimise any stress. Done well, the guidance process can also be a time when plans and contingencies can be put in place to minimise the stress of undertaking learning (this is also covered in the section on teaching and learning). Time spent during the guidance stage will give the new learner time to think about what they want out of learning, what they can expect and what is expected of them. Although you can never plan for every eventuality, you can put in place the support a learner needs before they start their course, rather than wait until a concern, problem or crisis arises.

To the learner this should appear as a relaxed and informal discussion about what learning opportunities they want to access. For the tutor this is an important opportunity to find out about the person's interests, preferences and abilities with regard to their choice of learning

opportunity. It is also an opportunity for the tutor and the learner to discuss what barriers there might be to a successful learning experience and what support may be needed.

The guidance interview should be person-centred, which means it must be a space for the learner to express their hopes, desires, needs and difficulties without being judged or being told what to think or do. The interview must take place at the learner's own pace and in a place where the learner feels comfortable.

If a learner does not want to discuss any specific difficulties, do not be tempted to push them and do not be tempted to diagnose an individuals difficulties.

Always be clear about what your role is and do not be tempted to stray into areas of support that are not your expertise. Be clear about what you can offer and never make promises or offers you cannot keep.

The interview: where, when, how?

- Time the interview to take place when it is most convenient for the learner.
- Make sure you will not be disturbed.
- The guidance interview is one-to-one unless the learner prefers support from a friend or parent, key worker or carer.
- The guidance interview can take place within the learning environment, in a mental health facility or in the client's home. The guidance interview can also take place on neutral ground.
- The guidance process is individualised, flexible and not time-limited.
- The guidance process may involve practical activities such as visiting college premises, looking at different sites, information gathering, sitting in on lessons and meeting tutors and staff.

What does the learner need to consider?

- Is the learner's past experience with school/education relevant?
- Will their past experiences affect any future learning they want to undertake?
- Are there any other priorities in their life right now that need to be taken into consideration?
- What kind of environment do they prefer to learn in? Would they like to visit different sites and venues?

- Does the learner want their tutor to know they have mental health problems? Will it help in their learning?
- What time of day is best for them to study?
- How many hours per week do they want to spend learning?
- What are their short-term and longer-term plans?
- If there are assignments, is there anything that needs to be taken into consideration – e.g. does the learner need learning support, study skills etc?
- If there are exams associated with the course, how does the learner feel about this?
- Does the learner want to consider any preliminary courses to prepare for learning, i.e. confidence-building, assertiveness, study skills?
- Will the learner be taught by other tutors and do these tutors need to know about the learner's mental health difficulties? Does the learner want them to know?
- Can you negotiate a realistic time scale for starting the course?

What does the learner need to know?

- Make sure the learner is aware of available resources.
- Provide information about what is expected of the learner.
- Provide information about what will happen to them.
- Tell the learner clearly what support is on offer.
- Discuss any necessary coping strategies.
- Find relevant information for the learner or support the learner to find their own information.
- Provide information in a relevant and understandable format.
- Show all alternative options.
- Encourage learners to find out things for themselves.
- Remain impartial.

Ongoing guidance

It may be necessary to arrange for ongoing guidance for the learner. Some learners may start off doing a course set up specifically for learners with mental health difficulties. Ongoing guidance provides an opportunity to think about what they have learned, what they have gained and achieved and how they want to build on that success.

Each time a learner completes a short taster course or module it may be beneficial for them to review their progress and set new milestones or targets to achieve. Equally, they may have learned a great deal about themselves as learners and want to re-negotiate their learning support.

Getting the guidance process right increases the chances of the learner getting onto the right course with the right amount of support. Getting the guidance process correct increases the chances of the learner going onto a course at the right level and in which they can be successful. This lessens the need for learning support, encourages independent learning and boosts their confidence in their ability to learn and achieve.

Action

Look at the list below and tick the statements which apply to your organisation. Choose a few that you have not ticked but wish to achieve and add them to your action plan.

- ❑ We respect the learner's right to confidentiality by providing a private, safe and relaxing place where the learner can feel free to talk.
- ❑ We provide guidance in outreach and neutral places e.g. day centres or the potential learner's home, as appropriate.
- ❑ We do not restrict the amount of guidance an individual can access as we see the guidance process as being part of an ongoing learning process.
- ❑ We understand that part of the decision-making process involves practical activities such as visiting learning environments, meeting tutors etc, and we can accommodate that process.
- ❑ We provide impartial guidance at all times, upholding the importance of the learner's needs over the organisation's needs.
- ❑ We provide written guidance notes at the end of each guidance session with a copy for the learner to keep.
- ❑ We understand that providing ongoing, in-depth guidance is a skilled role and is therefore carried out by suitably experienced and/or qualified staff.

Case studies

Jim

Jim is 52 years old, and he went to school in the 1950s. His teachers were extremely strict and from a different class background, so consequently he experienced a number of difficulties. Jim's parents were very poor and his teachers often humiliated him for his poor clothing and free school meals. Most of the other children from Jim's estate went to work at the local shoe factory when they left school but Jim did well and was offered an apprenticeship in the building trade. Jim's parents didn't mind what he did as long as he brought some money into the house. Jim did okay at work but the teasing and bullying of apprentices really got to him, and like school, if you tried to answer back you got knocked back.

Jim spent all his working life in the building trade. When he became ill in his 40s he did not work again. As part of his rehabilitation in mental health services he was offered practical courses during occupational therapy.

Ronan

Ronan did well at school and his supportive, educated family encouraged him and gave him all the help he needed. His parents and teachers considered him to be very able and expected great things of him. Ronan himself was very competitive. He felt under pressure to succeed and also put himself under pressure. Early in Year 12 he became ill with a viral infection which left him feeling physically weakened and tired. It caused him to have several weeks off school and a further relapse later on meant a further two weeks off school in the summer term. Ronan was determined to catch up on lost time and not to let it affect his marks. He worked incredibly hard. Socially it was also difficult for him, some of his peers seemed to resent his abilities, and so with the time off and his obvious determination to catch up, he was subjected to sneering and critical comments from schoolmates. Towards the end of his second term in Year 13, Ronan's mental health began to deteriorate rapidly and he experienced his first psychotic episode. Eventually he was hospitalised for his own safety, though much against his wishes. He missed his A-levels as he was too unwell to take them, and he was deeply upset when many of his peers got good A-level results and went off to the universities of their choices. Ronan was grief-stricken by what he felt was a loss of opportunity and future.

Anju

Anju is a well-educated young woman who had held a very well-paid and responsible job in her country of origin. She was also very active in her local community and many people looked to her to help deal with authority. However, the increasingly volatile politics in her country meant that after a year of witnessing violence and terror she herself was no longer safe. She was able to flee her country but had to leave her family members there and she still doesn't know whether they are safe or not.

Anju wants to feel part of her community and be accepted in England. She also wants to gain qualifications to enable her to work. Anju had enjoyed school in her country of origin; she had liked her teachers and found the subjects interesting. She also enjoyed the challenge of examinations and did well in them. However, the differences between cultures, her experiences, her grief and worry about her family and instances of rejection and racial abuse in this country have undermined her sense of self and severely affected her mental health.

Kim

Kim wants to train as a beauty therapist so she can get a job. She attended school sporadically due to circumstances in her family life. When she did attend, she had a very short attention span and little interest in the subjects on offer. She was perceived as behaving in a challenging way, and as having learning difficulties.

Kim's mother has mental health difficulties so Kim was required to act as carer to her mother and siblings. She experienced high levels of stress as a child. Her family existed on benefits and often it was Kim who had to work out how to make the money last to feed the family. She lived on an estate with high crime rates and poor housing, and her family were often subject to abuse and harassment because of her mum's mental health difficulties. School just felt like another chore for her to do, and she found it difficult to sit still because she was often tired and hungry. The teacher would get impatient with her. People who knew Kim well would have described her as a kind girl and very competent given her circumstances. She has a history of depression and self-harm.

The case studies can be used by individual members of staff to reflect on their own practice or can be used to facilitate discussion in groups. They can also be used for role-play situations.

Thinking and talking

Use the case studies to think about the following questions.

1. How would you support each individual into learning?

2. What would you need to know about each learner in order to support them to access learning?

3. What does your organisation already do to meet the diverse range of needs of all the learners? What else might your organisation put into place to support this group of learners with mental health difficulties?

Disclosure

Disclosure, and the ethical issues surrounding it, can be quite complex and will require some thought about how you handle it.

Disclosure and confidentiality are now covered under the Disability Discrimination Act. Colleges and LEAs have a duty to take reasonable steps to encourage learners to disclose a disability although individuals have the right to request that this information remains confidential.

Under the DDA, once one person knows about a learner's disability and support needs the organisation is deemed to know. How such information is recorded and passed on to relevant staff needs careful consideration.

You may feel that it is necessary to know and understand the details of mental health diagnoses in order to be sensitive to learners' needs. This information is certainly interesting, and there is a glossary in the appendix which will enable you to understand and contribute more confidently when a learner or a mental health worker talks about their illness and treatments.

Remember, however, that any diagnosis is a medical term and is used by the medical and care staff working with patients.

Whatever the 'label' or diagnosis which has been given to someone experiencing mental distress, their feelings and reactions to their circumstances, treatment, and needs will be very individual. For this reason the most important thing is to:

ASK...

- how someone is feeling;
- what they like and enjoy doing;
- what they are good at;
- what they are finding difficult;
- what might make things easier? and
- what kind of support would be helpful?

You only need to know how a person's mental health will affect their learning. One of the most positive and 'liberating' approaches you can offer as a learning provider and tutor is the opportunity for the individual to move away from their diagnosis and label, and to give them the chance to 'start again' without there being any preconceived notions about how they will act or feel.

Not all learners will know how their mental health will affect their ability to learn, particularly if they are returning to learning as adults. They may therefore need to try out opportunities and adjust their support as they go along.

Thinking and talking

- What if a learner feels that their mental health is not relevant to the course or that it is none of your business? Some learners experience distress but may have learned to live with this and manage it themselves. They may prefer no outside intervention.

- What if a learner feels that they need to disclose aspects of their mental health details and history which do not appear relevant to their learning?

Case studies

Each of the learners has now had a guidance interview and has identified the learning opportunities that they want to do.

Anju

Anju wants to enrol onto a basic I.T. course. She is wary of the support that is offered to her by the mental health support worker as she feels that it will label her and she will be judged even more negatively than she already is. She also feels that going to college is a sign of her recovery and she wants to be her former independent confident self.

Anju wants to enrol at college on her own, as it feels important for her sense of self-esteem and independence that she has some control over her own activities.

When Anju arrived at college she was frightened by the size of the building. She experienced anxiety at the number of people around; there didn't seem to be anyone her own age there either. She felt as if she stood out because of the differences between herself and other learners.

The reception area was very busy. The reception staff did not acknowledge Anju's presence. When she eventually attracted the attention of the staff she was told to wait by someone who made no eye contact with her, gave her a long, complicated enrolment form, and then ignored her. Anju left the college without enrolling on the course.

1. How would you help Anju to try again?

2. How does your organisation help learners like Anju to enrol on courses and get the support they need without feeling labelled and judged?

3. What else needs to happen within the organisation to make new learners feel welcome?

Kim

Kim has decided to do an OCN in Skincare which she saw in the college prospectus. She has also decided to do a literacy course as she feels that she needs to improve her reading and spelling. This means that she will be attending college for four hours per week which she feels will be enough for her to do. She is still the main carer at home but thinks she will be able to cope with two afternoons per week at college and that it will give her something to break her week up.

Kim has a history of self-harm. When she is anxious and feels out of control she cuts her arms. Kim feels that she needs to tell her tutors about this.

1. What information will you need from Kim to help you understand her behaviour?

2. How will you help Kim decide what information about her behaviour is relevant to her learning?

3. What procedures does your organisation have in place for learners who disclose sensitive and personal information?

4. How can you ensure that such information is used to support the learner in their learning?

5. How can you give this information to the tutors in such a way as to elicit support and understanding?

Ronan

Ronan does not want to be identified as a person with mental health problems. He wants to be 'normal' and sees college life as a means of achieving normality. He does not feel his mental health is relevant to the course.

However, you perceive Ronan's mental health as still shaky. He appears very anxious and tense when you meet with him. He has told you that he is still on a high level of medication which leaves him feeling very tired. Ronan insists he wants to start a full-time A-level course and he is adamant that he does not need learning support of any kind.

1. What do you do when your experience tells you a learner is choosing the wrong course for them but they are determined to go ahead?

2. What do you do when your experience tells you a learner would benefit from some support but they are resisting it?

3. What 'safety nets' might you put in place for Ronan should he fail in his preferred choice?

Jim

During his second guidance interview, it became apparent that Jim had always had a passion for literature. He enjoyed reading, but he perceived people who read books as part of a formal course of study to be very clever and he did not see himself this way. He felt he wouldn't be able to do exams, write essays or answer questions, and had no history of further or adult education. He also thought the courses were too long and were at too high a level, and that he didn't have the right skills. Because of his perceived lack of academic ability, poor self-perception and the views of others about how 'realistic' it was, he had never seriously considered this as an option.

Jim spent a number of sessions with the guidance worker looking at different course options. There was a short introductory literature course available, specifically for people using mental health services that was flexible and informal. There was no pressure and no assignments unless the learner wanted to do them. Jim opted for this as an initial starting point.

However, Jim's key worker has encouraged Jim to disclose to you that Jim has had a problem with his temper in the past, which has resulted in him being verbally abusive.

1. Is the information that Jim has given to you relevant to his learning?

2. What questions would you ask Jim about his temper?

3. How might you support Jim to be successful in his learning and manage his temper?

4. What procedures does your organisation have in place for learners who disclose risk behaviour?

Section 3: Teaching and learning

This section is about how you and your organisation support the learner throughout their learning, and it looks into the practical support you may provide as well as the emotional support. It is also about recognising achievement and success.

What encourages anyone to return to learning?

A person decides to return to learning for any number of reasons, such as:

- To meet new people;
- To develop new or existing interests;
- To acquire qualifications;
- To acquire training to enable a move into employment;
- To make space and time for ourselves;
- To learn to become more confident or assertive; and
- To change, to grow, to alter direction for personal development.

These reasons will be the same ones a person with mental health difficulties will have for returning to learning.

A person with mental health difficulties returning to learning can be male or female, old or young, from any class or ethnic background, with no formal qualifications or with advanced degrees. Their mental health difficulties may be long-term and enduring or they may be experiencing a short period of distress. They may use drugs or alcohol, they may not. They may hold down professional jobs, they may have held responsible jobs in the past, or they may never have worked. They may need intensive support from a network of people, or they may need little or no support at all. They may receive encouragement from mental health professionals, friends and family, or they may be entirely self-motivated.

Just as there is no such person as a typical learner, neither is there any such person as a typical learner with mental health problems.

This means that how you and your organisation respond to learners with mental health needs to be flexible, individualised and person-centred. What works for one person may not work for another.

The learning environment

Learners may be highly sensitive to certain aspects of the learning environment, the relationships within it and the attitudes of those working there.

Some learners may be particularly sensitive and vulnerable to the way they are treated by others, by environmental barriers or by particular complications in college life. These may include unhelpful or unwelcoming staff, confusing or non-existent signs, complicated registration procedures, inflexible course programmes and uncomfortable and depressing rooms.

Some difficulties may include:

- Anxiety at the size of college and the number of learners;
- Distress on arrival because of difficulties encountered in travelling to the college or learning centre;
- The busy-ness of the learning centre or college;
- The noise and jostling of a student canteen; and
- The feeling of 'not fitting in' and of being different.

Adult and community learning provision

Many learning providers have responded to the needs of learners with mental health difficulties by setting up courses specifically for them. Some providers refer to this as 'discrete' provision.

Thinking and talking

Below is a series of quotes from learners.

"Small groups work the best. Not too small, so it doesn't generate interaction. But if there is a large group, it could put people off."

"Even if you come in late, it's not like it's the end of the world. No detention. No lines. It's lovely."

"... you get to know a few people and then you are ready, you can move into mainstream. It gives you a chance to step into something that is not really stressed... and I think the tutors have been specially selected to help you."

"We are all supporting each other and we can relate to each other... It is good to talk, if you are having a bad day and you are thinking 'talk to somebody else' and somebody says 'well, I got through the day like this, why don't you try this?' It helps..."

"We were all in one room. There wasn't enough room to do the exercise. There were lots of people straight from the psychiatric ward, which frightened me, and there was one man who smelt."

Using these quotes make a list of what you think about could be the advantages and disadvantages of provision set up specifically for people with mental health difficulties.

All learners quotes from Jowett, S., White E., D'Ura, A. (2000) *An Evaluation of the Stepping Stones Programme*, University of Keele, unpublished

Some reasons why learners might prefer adult and community learning provision:

- They may feel 'safer' with people who share some of their own experiences;
- They may feel more comfortable accessing discrete provision which can be set up in 'safe' and familiar environments such as mental health services;
- They may question their right to be in any other environment than the one they are most familiar with;
- They may perceive themselves as different from others;
- The curriculum on offer may be what they are interested in;
- They may feel that they will learn better in that type of provision; or

- There may be reasons surrounding age, gender or ethnicity which lead them to prefer a particular learning environment.

Have a look at some of the provision set out below. Does your organisation provide any or all of these?

- Adult and community learning provision e.g. courses for learners using mental health services with smaller groups and an aware tutor, based in colleges, on mental health service premises or in community settings?

- Are such courses a bridging step to mainstream? How do you manage that bridging step?

- Do you provide short taster courses to allow learners to try out subject areas?

- Can taster courses be used as a way to introduce learners to wider opportunities or accredited opportunities without involving them in making a major commitment?

- Do you provide accredited courses to allow learners to gain accreditation whether in adult and community learning provision, mainstream or as a progression route onto other courses?

- Do you consult learners about the things they want to learn before you set up adult and community learning provision?

Adult and community learning provision can be useful. It can provide a learning environment where some people learn best. It can allow learners to try out learning and subject areas. Importantly, such provision often provides a stepping stone to other opportunities.

However, this should not be the only opportunity that is offered to a learner; it should not be a dead-end but must have progression opportunities built in. Do not assume that all learners with mental health difficulties will want to access adult and community learning provision only, and do not assume anything about the types of learning that can be offered on a such courses. Do not assume either that all learners with mental health difficulties will want to access opportunities set up specifically for people with mental health difficulties.

Thinking and talking

- Are adult and community learners set up specifically for people with mental health difficulties another way of excluding learners?

- If we need to prepare a learner for inclusion, what does this say about the learning context?

Mental health and stress

Stress is a key factor in mental health and being a learner can be very stressful. Some learners can develop mental health difficulties while they are studying. Younger learners (aged 16–25) are going through a time in their lives when there are many uncertainties, new challenges. They may not have had the chance to develop effective coping strategies, and they may not really know who they are or what they are capable of. More mature learners are often studying at the same time as working, or they are balancing their learning with the demands of family life. Some learners may already have mental health difficulties when they return to learning and may be coping with the effects of their mental health difficulties while coping with the stress of returning and studying.

Thinking and talking

What do you think are the possible stress factors in returning to learning?

Think about:

- Learners aged 16–25;
- Learners aged 25 and over.

How does your list compare to the list below?

Education 'stressors'

Here are just some of the things going through the minds of 'new' learners:

- Will my work be good enough – will I be able to keep up?
- Will I understand what I'm being asked to do?
- Will anyone speak to me?
- Will anyone notice that I'm really nervous?
- Will I be able to make friends?
- Where am I going to go, and what am I going to do in the gaps between classes?
- What's the cafeteria like – will I understand the 'system'?
- How am I going to get there every day?

- Can I afford to live and study?
- How am I going to get hold of all the books?
- How do I use the library?
- What will the tutor think if I say I don't understand?
- What if I'm asked to read aloud?
- I might have to do a presentation.
- Have I got time to work as well as study – if not, how will I afford it?
- Am I doing the right course?
- Am I going to be able to look after myself?
- Will the children be OK, now I'm not at home as much?
- How's my partner going to feel if I can't be there as often, and if I'm worrying about my coursework all the time?
- It takes me far longer to read things than other people – how will I keep up?
- Will there be anyone else there my age?
- What if I don't pass, and then I've wasted all that time and money?

Thinking and talking

How do you think these concerns that learners with mental health difficulties may have differ from the concerns that any learner may have when they first start learning?

Thinking and talking

Some of the study stresses identified by learners during a study support workshop

Conflicts of interest – the studying, the kids, the partner...

Too many things to do at the same time.

Revision: having a terrible memory makes it really important, but when do I have time to do it?

Managing other priorities and deadlines so that there's also time to revise.

Deadlines – all at the same time, too many, no co-ordination.

EXAMS! They're like the countdown to Armageddon.

Being in denial.

The unexpected! There's no room for it. If I'm feeling bad it sets me back, then I get more stressed.

Displacement activity – how many things can you clean before getting down to work?

Working on an assignment and waiting and hoping you'll see the point of the argument.

Turning all the research into a finished piece of work

Other learners – they're better than me and different from me too.

Putting things off – sometimes it seems the only thing to do, but it only makes things worse.

Pressure to do well – what I do never seems good enough – anyway, how do I know whether it's any good until I hand it in? And then I may look completely stupid.

Reading – feeling bad about it, and all the hassle it's caused in the past. I'm dyslexic and it takes me three times longer than everyone else to read things. All I ever seem to do is work.

Taking each of these comments on study stress in turn, can you identify:

a) strategies which might help these learners; and

b) whose responsibility is involved (e.g. learning support, curriculum management, individual learners, counselling support, recruitment, etc.)?

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Learning support

Some learners may need some form of learning support to a greater or lesser degree to enable them to meet the demands of their course of learning. Such support may be emotional – encouragement, warmth, friendship. Other types of support may be practical and involve time management, study skills and essay techniques. Some learners may be sensitive to the implications of learning support, however, they may feel it is an insult to their abilities and intelligence, so sensitivity will be needed in addressing this.

When people have been a part of the mental health system over time, or when they have experienced the processes of labelling and diagnosis, their confidence in themselves may be eroded. Their social stamina may decline as the result of isolation, particularly if they spend time in hospitals or other institutions. Medication may interfere with their concentration, memory and sleep patterns. Learners may thus experience particular barriers to learning.

These may include:

- Becoming anxious more quickly than others;
- Becoming distressed by certain stimuli such as noise;
- Becoming tired much more quickly than others;
- Hyperactivity as a result of certain stimuli;
- Becoming easily tired and strained;
- Lacking in confidence;
- Underestimation of their abilities by themselves and others; and
- Underestimation of their need for support because they do not have a 'visible' disability.

Any of the above may cause the learner to withdraw.

If learners have been out of education for a long period of time they may experience other barriers. Some learners:

- may overestimate the amount of available study time;
- may not fully understand what their course entails;
- may make the wrong choice of course or the wrong entry level;
- may under estimate the amount of time work will take to complete;

- may be limited by financial constraints;
- may perceive their health as a limitation;
- may become anxious if there are delays in getting feedback on written work; or
- may find it difficult to measure their own progress.

Many of these barriers to learning can be identified through the guidance process, and can be dealt with before the learner embarks on a course so that they do not present barriers to learning.

Remember that learners with mental health difficulties will experience the same barriers and support needs commonly identified for all adult learners.

As learners settle into their learning they begin to get a better sense of what is required of them and what they can expect. Some perceived barriers may disappear while others may crop up. Ongoing support will enable the learner to identify any new barriers to learning and to access support to deal with them. If you can provide an environment where support is easy to access and learners know their concerns will be taken seriously then they are more likely to access support early rather than when the problem is bigger and they are considering withdrawing.

Support is a continuous process – it doesn't just happen on the first day, in the first week, even the first term. Review support needs weekly, fortnightly or monthly, in negotiation with the learner. Support may take the form of:

- One-to-one ongoing support;
- Regular review times for discussion and problem-solving;
- Troubleshooting – encouraging learners to seek support before problems get too big;
- Support to individuals and groups;
- Volunteer support e.g. study buddies, mentors;
- Peer-support linking learners up to enable them to offer support to each other;
- Learner representation to allow learners a voice on how and what provision is offered to encourage self-advocacy in the learning environment; and
- Support services such as counselling and welfare services.

Ensure that learners are aware that learning support is simply a shorthand term for finding ways of negotiating any barriers to learning.

Below is a list of some different kinds of emotional support that may be offered to learners:

- The introduction of the concept of learning support to a learner in a sensitive way;
- Taking into account the preferences and views of the learner;
- Creating a climate in which the learners' preferences and views can be expressed;
- Ensuring that learners experience some success straight away;
- Helping learners recognise their achievements;
- Provision of positive and encouraging feedback;
- Showing where progress is being made;
- Emphasising the positive;
- Ensuring you never humiliate or embarrass the learner;
- Encouragement;
- Being friendly and interested;
- Being relaxed;
- Ensuring you can be easily contacted in order to resolve any problems that may arise;
- Ensuring there is a choice and variety of assessment methods;
- Encouraging self-assessment; and
- Ensuring a variety of media and styles of learning are available.

Below is a list of some different kinds of practical support that may be offered to learners:

- Finding out what the learner wants to get out of the learning experience and allowing them to set their own targets;

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- Breaking large tasks into smaller steps if this is necessary;
- Maintaining regular contact with the learner;
- Providing helpful comments on assignments;
- Negotiating programmes of work;
- Suggesting ways in which improvements could be made;
- Giving full comments rather than just ticking if something is right;
- Being clear about what you are going to talk about in meetings with the learner;
- Making contact with the learner rather than waiting for the learner to contact you;
- Extensions for coursework deadlines;
- Providing impaired performance claims for learners whose ability is impaired through illness and/or disability, and associated difficulties;
- Special arrangements for examinations – location/size/type of room, extra time, amanuensis;
- Negotiated position within the room or lecture theatre (e.g. near the door or sitting at the back of the room);
- Support for organising work and for time management;
- Alternatives or additions to tutorial and peer support eg through organised telephone contact;
- Alternatives to group work assessments;
- Regular one-to-one non-medical support to monitor progress, health and effectiveness of strategies;
- Non-medical support and/or liaison with departments, support staff, residential staff, medical staff, external agencies, carers and friends as and when appropriate;
- Sensitivity regarding timetabling – some medication may make it hard for learners to function very early in the day;
- One-to-one support for attendance at tutorials and/or lectures;

- Note-taking or recording of lectures;
- Equipment (e.g. internet-ready PC) which will enable the learner to keep in touch with course materials and other learners provide web-based lecture notes;
- Ongoing counselling or mental health support;
- Help to negotiate a leave of absence; and
- Support and liaison to organise an effective return to study.

Ensure wherever possible that the learning experience will be successful.

Other ways of supporting learners

Self-help groups

Supporting learners in setting up self-help groups can be a useful way of empowering learners to negotiate their way around barriers to learning. Self-help groups can provide:

- mutual support and continuous help as long as the learner needs it;
- personal experience, which can be valuable to others;
- a common meeting ground with others who understand what you're going through; and
- a means of breaking down isolation.

Mentors/study buddy

This can involve other learners, who have been learning for a while and are confident about negotiating their way around the learning environment. They act as a mentor to a learner who is unfamiliar with the learning environment. They meet informally at regular intervals and discuss any concerns or issues that the learner may have. The mentor will be able to share their experience and coping strategies. Learning providers need to think how they will support the mentors. This can be a good way to use the expertise of learners who have successfully returned to learning and can be a big boost to their confidence.

Learning partners

This involves recruiting volunteers who will enrol on a course with a learner. It is not to provide learning support but to act as a 'friend' and companion while studying. It can involve travelling to the learning centre or college with the learner, providing social and emotional

support to the learner while they are both studying by easing the learner into conversations with other course participants and by ensuring that they are not left isolated in the group. At its best this can be a confidential and subtle means of support.

As a tutor you will probably not be able to provide all the support that the learner needs. Are you clear on what support it is within your role to provide and where other people can provide support? Ensuring that other staff within your organisation are available to provide appropriate and sensitive support means that learners are less reliant on one person and can help them to feel more welcomed and supported within your organisation.

Action

Look at the list below. Tick the boxes that apply to your organisation. Prioritise any that you haven't ticked and add to your action plan.

- ❑ We identify and deal with barriers to learning before a learner embarks on their course and put in place any necessary support.
- ❑ We provide ongoing support that is flexible and responsive to any situation at any time.
- ❑ We provide an environment in which a need for support is not stigmatised but is seen as a positive strategy to achieve success.
- ❑ We recognise that both emotional and practical support can have a positive impact on learning.
- ❑ We recognise that there is a variety of ways of providing support including the use of volunteers, peer support and self-help groups.
- ❑ We acknowledge that supporting a learner with mental health difficulties is not the responsibility of one person but that the whole organisation has a role to play in ensuring learners feel supported.

The tutor–learner relationship

The most effective support is provided when the tutor is able to set up a relationship with the learner that provides stability, clarity and understanding.

What can you do?

- Approach the learner in a sympathetic and understanding way.
- Give the learner time to explain their circumstances if they wish to do so.

- Tell the learner that they can talk to you if they want to, either now or in the future.
- Ensure they know that support is available if they want it.
- Do not ask insensitive or intrusive questions.
- If there is obviously a problem, do not ignore it.
- If you need to discuss the learner with someone else in order to obtain advice, ask their permission. If they do not want to give it, ask for information in confidence without disclosing the learner's name.
- Try not to give advice that is outside the boundaries of your role.
- Encourage the learner to seek appropriate help
- Be sensitive to cultural, gender, sexuality, race and religious matters.
- Discuss with the learner the avenues of referral that are acceptable to them.

A good tutor-learner relationship will often mean that other forms of more sophisticated additional support becomes unnecessary.

Things to think about: The tutor–learner relationship

- Do you have a commitment to a learner-centred approach?
- If particular support strategies are considered, do you discuss them fully with the learner and negotiate their implementation?
- Are you available to give advice and support when needed?
- Do you ask the learner what they need from you?
- Do you make sure they are told what's happening, step by step if they prefer?
- Do you make suggestions if the learner is unsure of what they need?
- Can you respond efficiently and quickly when special arrangements need to be made, for example during examinations?
- Are you aware that any special arrangements may in themselves contribute to stress so need to be introduced and used sensitively?

- Are you able to talk with the learner about what has or has not worked?
- Do you respect the learners right not to discuss their experiences?
- Are you honest about what you can or can't provide?

Summary

The more flexible the teaching and assessment system is, the more possible it is for a learner to achieve their potential, despite interruptions due to fluctuations in their health, periods in hospital or other absences.

- Support the learner in respecting themselves.
- Support the learner in feeling valued and understood.
- Support the learner in building greater self-knowledge and understanding.
- Teach by example.
- Be kind.
- Be flexible.
- Give confidence.
- Encourage and motivate.
- Guide and support.
- Build relationships.
- See success as a process not necessarily associated with the formal conventional definitions of the word.

Case studies

Kim

Kim has enrolled on an OCN course in Skincare and a literacy skills course. You know that Kim has strong and unpleasant feelings associated with writing, but appears to like using a computer. She also finds it difficult to concentrate. She has difficulty in remembering verbal instructions but has a good visual memory. She also begins to get anxious if she has to sit still for any length of time.

- What support would you put into place for Kim?

Jim

Jim was so enthused by the literature course he had attended that he decided to join a similar class at his adult education centre. The first course had been set up specifically for people with mental health difficulties and you knew that the tutor was very aware of individuals needs and set the pace of the course accordingly. You know that the course he now wants to join has twice the number of learners on it and that the pace of the course is quite demanding. From talking to Jim you also know that he is very conscientious and will feel very frustrated if he feels he misses anything or doesn't keep up. Jim is keen to do the course but is also anxious about it. Worry and anxiety also affects his ability to concentrate.

- What support would you put in place for Jim?

Ronan

Ronan has enrolled on an A-level course. He is adept at essay writing, very good at studying in his own time and enjoys using the library and the internet to do his background reading. However, two things are bothering him. On one course the tutor does a lot of short tests, often multiple choice, which he is finding stressful. On another course he has to do a presentation to the rest of his class. Ronan is very anxious about this.

- What support would you put in place for Ronan?

Anju

Because of Anju's reluctance to attend college alone after her experiences in trying to enrol, a learning partner met her at her house every time she was due to go to a college course. The learning partner accompanied her to college, and went with her to the class.

Anju had been doing well and had passed nearly all the necessary tests to complete the first level of accreditation. Initially Anju had seemed keen to do these tests but as she continued she became more and more anxious. Her attendance had become erratic and when she did attend she began to experience dizziness, difficulty in breathing and palpitations. Her tutor and learning partner have tried to reassure her that she is making good progress and would complete the full accreditation but this seemed to make matters worse. It eventually became apparent that Anju was worried that completing the accreditation would mean a different course, different tutor, and different peer group. She began to feel that was too late for education in this country to be useful to her and that she would not be able to regain all that she has lost.

- What support will you put in place for Anju?

The emotional experience of learning

Some learners with mental health difficulties will sometimes react to events or stimuli with extreme emotional responses. These will be the commonly experienced reactions we all have of sadness, anger, anxiety, joy, distress etc. They will be reacting for the same reasons that we all have – frustration, tiredness, confusion, misunderstanding, receiving good or bad news.

The response may seem out of proportion to the event which sparked it off, or there may not appear to be a reason for the emotion being articulated. Learners may appear temperamental or moody. Tutors may find it difficult to work with learners whose mood may swing suddenly. Other learners in a group may be uncomfortable with what they perceive as unexplainable and inappropriate behaviour.

A learner may suddenly be tearful, may be withdrawn or restless and agitated or loud and challenging or seem elated.

Thinking and talking

- How do I/we support the learner at times of extreme emotional behaviour?
- How do I/we manage the whole learning group?
- How do I/we support myself?
- How do I/we make sure the situation does not deteriorate?

Learners often speak in emotional terms about the learning environment and their experience of it. They can feel vulnerable, anxious or worried, that they are being talked about or that their work is pointless. They will often state that they want to feel comfortable, welcome and safe. It is important that tutors recognise this emotional view of a learning experience and not just view learning as being concerned solely with curriculum, facilities and quality provision.

How do we need to respond when a learner is perceived as behaving in an extreme manner?

- Acknowledge the learner's emotion.
- Is the learner's emotion justifiable?
- Do not impose your own preconceived ideas or prejudices on the learner.
- Recognise early signs of potentially difficult situations, such as agitation in the learner.
- Be aware of potentially provocative situations.
- Be aware of the possible effect of provocative information upon an individual.
- Try to find ways to defuse the situation.
- Be aware of your own behaviour as a starting point for managing the behaviour of others.
- Try to find out what the problem is and give the learner the opportunity to talk about it.
- Ensure the learner knows you are taking them seriously.
- Ensure the learner knows you are really listening to them.
- Offer the learner other ways of expressing their emotion, e.g. by making a formal complaint or talking to Learner Services.
- Try to communicate clearly and simply.

- Try not to express undue emotion.
- Stay calm, be patient and consistent.
- Try to remain emotionally detached from the situation.
- Be aware it is not necessarily you the emotion is aimed at, but the organisation or a particular situation.
- Do not respond with anger or annoyance.
- If you feel you are going round in circles repeat the information preceeded by 'As I said earlier...'
- If the learner is not giving you the opportunity to speak, use their name, e.g. 'Jim, I'm just going to interrupt you here'.

Some simple suggestions for defusing a potentially disruptive emotional situation:

- Would taking a walk help?
- Would taking a break help?
- Will showing concern and indicating that the problem can be solved help?
- Will a cup of coffee help?

If the situation escalates or continues:

- Make sure you have a way out of the room;
- Make sure the other person does not feel cornered;
- Be aware of your own body language and gaze;
- Keep the learner informed of what you intend to do;
- Get help if you feel frightened or distressed;
- Give the person space, if possible away from the source of conflict;
- Do not touch the learner;
- Explain your actions and continue to reassure the learner without being patronising;

- Ensure appropriate people are contacted if necessary; and
- Offer a quiet room for retreat.

Most of us have good reasons for our behaviour. It may be, however, that a learner's behaviour is so unacceptable that it is detrimental to the tutor and other learners on the course. At this point you may need to consider what procedures you take within the college to deal with unacceptable behaviour. You may need to think about whether you can apply these fairly and justly to the learner. You may want to consider whether to take external advice on this matter, for example, from his/her key worker in mental health services, or through any supervisory support you get from mental health services. You may need to discuss this as a 'hypothetical' situation to avoid breaching the learner's confidentiality.

Instances of emotional outburst can be alarming and draining and leave staff and other learners feeling shaky. There can be a tendency to try and forget it ever happened. However, incidences can be useful learning experiences and some time spent reflecting on the situation can be very helpful.

Ask yourself:

- Can I see a reason behind the learner's behaviour?
- Was it possible to deal with the cause or reason for the learner's behaviour?
- Could I have anticipated it?
- Could it have been avoided?
- What support is available within our organisation to me and/or colleagues to help us deal with our own feelings about the incident?
- Is there external support available to help me and/or colleagues deal with our own feelings about the incident?

Action

Look at the list below. Tick the boxes that apply to your organisation. Prioritise any that you haven't ticked and add them to your action plan.

- ❑ Staff are aware that being in a learning environment can provoke emotional responses from learners and are considerate of this in their day-to-day contact with learners.
- ❑ All staff feel confident in the way they respond to learners whom they perceive as behaving in an extreme manner.
- ❑ We recognise that extreme behaviour can apply to anyone, not just those with mental health difficulties, and therefore staff awareness raising and training is offered to all staff.
- ❑ All incidents of extreme behaviour are investigated so that positive lessons can be learned and any necessary action taken.
- ❑ Policies and procedures on disruptive behaviour are applied fairly and justly, recognising the need to create a safe environment for all learners and staff against the rights of learners with emotional support needs.
- ❑ Where necessary and appropriate we work in partnership with mental health services in order to support the emotional needs of learners or to resolve incidences of extreme behaviour.
- ❑ There is a staff counselling service available to support staff who may feel shocked or upset by an incident.

Case studies

It is important to stress that not all learners with mental health difficulties will have relapses or react emotionally to their learning experience. However, these case studies look at relapses and strong emotional reactions so that you can use them as a learning experience. Do not assume this is the norm. Similarly, it would be wrong to assume that relapses and strong emotional reactions are always to do with what has been going on within the learning environment. As a tutor you need to deal with the situation sensitively in order to enable the learner to continue with their learning.

Jim

Jim was provided with a tape recorder so that he could tape the sessions and listen to them at home so that he wouldn't feel he missed anything. The tutor also ensured that he got handouts and photocopies of necessary extracts. However, Jim often appeared to be extremely angry; this was perceived by staff as aggressive behaviour. An incident occurred during which security staff were called, and Jim was ejected from the premises in the belief that he was being aggressive and potentially dangerous.

Jim discussed with his community psychiatric nurse and his tutor what he felt had gone wrong. He was very sensitive about being judged by other people because of his mental health. He felt that he was continually 'put on the spot' by his tutor during his classes. He disliked any form of attention from the group, and his anxiety and frustration when this happened became difficult to contain.

- What would you and your organisation do in this situation?

Ronan

Towards the end of the first term it appeared that Ronan's physical state was beginning to deteriorate. He often looked unkempt and unwashed, so much so that other learners were beginning to avoid sitting next to him. He looked exhausted but appeared to be constantly moving and fidgeting. He begins to talk incessantly and to dominate the classroom discussion. His tutor is confused because he doesn't seem to be in any distress, but almost exuberant and overly eager.

- What would you and your organisation do in this situation?

Kim

Kim became extremely anxious while on the course. In the middle of the lesson she would disappear to the toilet where she would cut her arms until they bled. After this, her anxiety would lessen for a while.

Kim also became very focused on certain rituals she was compelled to perform. She washed her hands constantly after touching anything. She would not touch taps without using a handkerchief or cloth. Sometimes she found it very difficult to leave the house because of worrying about switching off lights, gas fires and the gas cooker. All her energies were channelled into repeating certain actions and rituals, and in thinking particular thoughts repetitively. This, along with her fear of germs and infections, began to dominate her life and stand in the way of her ever completing a task.

Kim's mother has become very ill again and has been hospitalised. Once again the responsibility for the family has fallen entirely onto Kim's shoulders. She says that everything feels out of control. She feels exhausted and worries about how she will cope. She wants to continue but also worries about the expensive equipment that she will be required to buy for the next level of course that she wants to do.

- What support could you and your organisation provide in this situation?

Anju

Anju managed to progress onto the level 2 computing course with support but other elements in her life were also difficult and Anju's mental health declined. She was given a different medication but it made her very drowsy and she felt she had no energy. She couldn't get to her morning class on time and soon stopped attending. Her learning partner had left because she has got a job and it appeared that all contact with Anju was lost.

- What would you and your organisation do in this situation?

Recognising achievement

Whenever learners with mental health difficulties access learning, you will want to ensure that the teaching and learning they receive is of good quality and that they are enabled to achieve their potential.

The Adult Learning Inspectorate (ALI) and the Office for Standards in Education (OFSTED) inspect provision in line with the Common Inspection Framework (CIF). Details of the CIF are in the appendix.

The CIF is based around seven key questions:

- How well do learners achieve?
- How effective are teaching, training and learning?
- How are achievement and learning affected by resources?
- How effective are the assessment and monitoring of learning?
- How well do the programmes and courses meet the needs and interests of learners?
- How well are learners guided and supported?
- How effective are leadership and management in raising achievement and supporting all learners?

How you respond to these questions will depend on the opportunities accessed by learners. Measuring progress and success in accredited provision may be more straightforward as there will be externally set indicators and targets by which tutors can measure learner achievement.

Many learners choose non-accredited provision, however, but it is equally important to ensure that this kind of learning experience really facilitates development and progress.

Your role as a tutor is to remain focused on the learner's progress while still being attentive to their needs and experience of learning. You will need to find ways of recognising and recording the learner's achievement that take into account the learner's needs and enhances the learning experience.

Recognising and recording achievement is very important for many reasons:

- Opportunities for learners to recognise and have their achievements acknowledged can be a tremendous boost to self-esteem and confidence.

- Ongoing opportunities for learners to recognise their achievements can enable them to see how far they have achieved their overall learning aims. This can be very important for motivation and can increase a sense of optimism.

- Having success recognised and acknowledged can be one of the most productive ways of convincing a learner of the value of their work. It impacts on participation, retention and progression.

- Recognising learners' achievements can be an important way of convincing managers and funders of learning and mental health services of the value of the work you are doing.

How to measure and record achievement

The CIF refers to Individual Learning Plans. ILPs are for learners and must reflect the individual learner's aims and aspirations and their achievements. ILPs can be informed by the initial guidance and assessment period and need to be reviewed and updated regularly. They need to look forward and consider next steps. As ILPs are learner-owned, they need to be user-friendly.

Ideally, every learner should have the opportunity to complete an ILP but this can be difficult if a learner is on a series of short, part-time courses. You may not be a tutor to some learners but still have a support, counselling or guidance role, so you may need to consider how you tie in any personal and social achievements with more formal learning outcomes. You need to make yourself aware of any other forms of assessment and review that learners undergo. You may be able to add to these or combine them, rather than replicate the process.

Some suggestions for how you might go about measuring and recording achievement:

- Use a strengths-based approach. Whenever possible ask questions such as "What do you feel able to do at present?" "What would you like to be able to do?"

- Acknowledge the personal context of learning with questions like "How does it feel at present to do...?" "How would you like to feel?"

- Use the guidance process and initial assessment period to find out about personal targets as well as learning targets.

- Be creative about defining the experiences which can be measured, as this will be a very individual process, e.g. turning up with support, or without support; feeling comfortable with other learners (saying hello, sitting next to someone, smiling, joining in a small group discussion, asking a question in front of the whole group); feeling OK during the "free time" between classes; managing the systems of the snack bar/cafeteria; sitting nearer the front of a class; using a system for remembering the right books or materials; being on time.

- Involve the learner at all stages so that they feel 'ownership'.
- Understand that for some learners acknowledging success can be difficult so offer feedback on how you, or other tutors, think they are doing.
- Where appropriate, and with the agreement of the learner, get feedback from the learner's 'key worker' or mental health staff who know the learner well.
- Encourage the learner to think how the knowledge and skills they have acquired has impacted on other areas of their life and help them to recognise how learning might have helped them to achieve through participation in the community or by being more active at home or at work.
- Set specific dates and times for talking about progress, renegotiating targets and recording both.
- Celebrate achievements through award ceremonies, displays and exhibitions, performances and articles in newspapers and magazines. There are key times when this can be done such as end of year, World Mental Health Day or Adult Learners Week, or at any time that is appropriate for the learners. Celebrations can be public and formal, or they can be private and informal between the tutor and the learners.
- Encourage learners to take part in the decision-making and planning process of how achievement is celebrated.

Thinking and talking

Using the learner quotes, make a list of some of the outcomes from learning.

"... what stands out most of all is that my confidence is coming back and I don't fall asleep during the day now, and I have met new friends. I even have the confidence to sit in on mental health meetings discussing ways of getting people like me back into proper paid work. I am also a student rep and most importantly of all I welcome new people into college."

"Without my classes and friends at college I would just have been in hospital or at home unable to go out because of panic attacks and the lack of confidence. Sometimes during bad patches I became violent and would self-harm. Now I feel so much better about myself. I still have 'down days' sometimes, but now I can cope."

"I do feel more focused, I can look forward and I am becoming confident in taking more risks that in turn test my mental health. I find I've become more independent and rely less on support structures, also the need to see my community psychiatric nurse is becoming less frequent."

"I have discovered that I am quite good at talking to people."

"I am now giving talks to mental health self-help groups regarding aromatherapy and its immense benefits as a complementary therapy."

"Arming myself with computer skills – which I knew nothing of a few months ago – has vastly improved my self-confidence and makes me feel more valuable as a potential employee ... and I have successfully applied for a part-time post."

Learners may identify a range of learning goals. Using the quotes think about how you can help learners to record their achievements. Are all outcomes of learning appropriate for you to record? Are some ways of recording achievement more appropriate in some situations than others?

All quotes from learners are from Mental Health Service Users Workshops (July 1999). *Personal Perspectives of Education*, First Steps Conference, unpublished report.

Case studies

Go back to the case studies on page ix–x.

What learning goals have been achieved by each learner?

What else have the learners achieved as a result of their participation in learning that needs to be recorded?

Action

Look at the list below and tick those statements which apply to your organisation. Add any that you haven't ticked but would wish to add to your action plan.

- ❑ We provide opportunities to state their reasons for returning to learning and to get their own learning goals.
- ❑ We involve learners in setting the milestones or indicators by which they can record their progress towards their learning goals.
- ❑ We give learners opportunities to review their progress.
- ❑ We use a variety of methods to assess and review progress such as observations, discussion, formal assessments and attendance records.

- ❑ We use a variety of indicators to show achievement and success.
- ❑ We have developed processes whereby we can record ongoing progress.
- ❑ We have developed user-friendly methods of recording achievement for individual learners.
- ❑ We have developed processes whereby we can record data on learner achievement.
- ❑ We use a variety of methods to acknowledge and celebrate success in learning.

Section 4: Looking after yourself

This section is about your mental health and the mental health of staff you manage. Mental health difficulties don't just happen to other people, we can all experience them. If we do experience mental health difficulties it can affect the way we relate to other people, how effectively we do our jobs and can detract from any enjoyment or pleasure from work and home. But mental health difficulties can be prevented if we take some steps to look after ourselves.

The mental health of staff who support learners

Education, by definition, can be exciting, rewarding and challenging for learners and for tutors. Working alongside learners can be immensely rewarding especially when you can see them grow in confidence, when they develop new ways of thinking and acting and literally seem to blossom. However, working alongside learners also has its demands. Some learning contexts can exaggerate both the excitement and the demands. For example, when learners are very motivated they can also be anxious. When lives and outlooks are beginning to change through contact with education, the stakes can be raised, and there is more to lose. When learners' lives have been complicated by illness or disadvantage, there are practical and financial risks; progress may be harder to make, and more fraught with difficulties which are not just about learning. As a tutor, it can be helpful to know and understand more about the background and context of a student's learning, but this awareness can also blur boundaries and confuse issues.

Thinking and talking

- What were your own experiences of education like?
- How did you like to be treated? What did you find difficult, and why?
- Do you enjoy supporting learners, and if so, why?
- What challenges and difficulties are faced by education staff (e.g. tutors, support workers, admin staff) when they become involved in the broader contexts of learners' lives?
- How does it feel to be involved with learners in this kind of way?

There are likely to be many and varied responses to these questions. People choose the work they do for many different reasons, and thinking about personal motivation and benefits is particularly important when there is close involvement with others.

Understanding your own mental health
Thinking and talking

- How do you know when your own mental health is suffering?
- What helps you to become aware of this?
- What is it that helps you regain some feeling of well-being and balance?

Understanding your own mental health can help you feel more confident and sensitive with other people when they are experiencing difficulties. If you feel able to share your answers to the questions above with other people, you will probably find that there are some very obvious common factors or similarities in some of your answers. You may also notice that there are some very marked differences.

This contrast is important. Similarities can help enable us to empathise and share, but contrast help us recognise that individual experiences can be very different. What works and helps for one person may not work at all for another. It's dangerous and misleading to assume anything. The best ways of understanding and finding out are to be interested and confident enough to ask (because being human means that we can all share situations when life is difficult) and to listen (because listening gives you the best awareness of how someone feels).

Work can be a source of stress to anybody. If you have experienced, or are experiencing stress in your work with learners with mental health difficulties, it may be helpful to look at the list below and see if any of these statements apply to you.

Here are some of the reactions and situations which may be triggered while supporting students in difficulty:

- You may become over-involved and see it as your personal responsibility to sort everything out;
- You may be persuaded that you are the only one who can help;

- Your involvement may begin to affect your private life and your free time;
- You may feel very guilty when things go wrong for learners;
- You may find that your involvement with learners seems to be compensating for a loss or a lack of something in your own personal life;
- You may know how you could help, or what you could do, but feel too anxious to see things through;
- You may not have a clue what you could do, or how you could help;
- You may forget, over estimate or under estimate the significance of your role in relation to the student as a learner;
- You may be given difficult or unfair responsibilities by the other people or agencies who are involved with the learner.
- You may feel desperate to talk to someone, but are frightened about breaching confidentiality;
- You may become so over whelmed that you begin to feel exhausted, or 'burnt out'; or
- You may become very saddened when you hear or learn about the distress and hurt that some of your learners have experienced.

There may be many other equally painful circumstances and feelings. Aspects of this kind of work can be difficult to cope with, because they may touch on particularly personal or vulnerable parts of present life or previous experience. It can certainly help to talk about these, and to share the situations and the feelings with someone else who has some objective experience, but who is non-judgemental or non-managerial. It is not a sign of failure or inadequacy to ask for this opportunity – it is a very reasonable and professional response. This kind of support for staff (which exists in some learning environments, but is routine in other professional contexts such as social work or counselling) should be seen as a benchmark of quality for work which involves sensitive and complex support for learners. Providing adequate and professional support for staff is one of the most important ways of maintaining quality provision for learners.

Thinking and talking

- What kind of support is currently available to you if you are feeling vulnerable and concerned while supporting a learner?
- What kind of support would be most helpful to you, in an ideal world?
- Who would provide this, what form would it take, and how often might you need it?
- Whose responsibility would it be to a) to provide it, b) organise it, and c) to resource it?
- If you don't feel that there is adequate support for you at the moment, what would be a good 'first step' towards acquiring it?

Action

Look at the list below. Tick the boxes that apply to your organisation. Prioritise any that you haven't ticked and add them to your action plan.

- ❑ Staff are given opportunities to discuss and reflect on the ethical issues of their work, e.g. confidentiality, disclosure, boundaries to care.
- ❑ Staff are given opportunities to reflect on their practice and on the nature of the tutor-learner relationship.
- ❑ Staff are given access to staff development and training about mental health promotion and, if appropriate, mental health difficulties.
- ❑ Where appropriate, support for staff may be provided in partnership with mental health services, e.g. mental health training, supervision or mentoring.
- ❑ Staff are encouraged to network with other providers and staff who work specifically with learners with mental health difficulties.
- ❑ Staff are involved in peer support and mentoring.
- ❑ There is a staff counselling service.

Action Plans

Example action plan

Aim – the statement you wish to comply with	What needs to happen	By whom	By when
We encourage learners to declare mental health needs by making clear our organisation's commitment to mental health.	1. Include mental health in the disability statement/ additional support statement in the prospectus.	Liaise with marketing department	By next academic year
	2. Include mental health in the additional support section on the enrolment form.	Liaise with Information Services.	By next academic year
	3. Include paragraph on mental health and support available in the student induction handbook.	Liaise with Learner Services.	By next academic year
	4. Produce leaflets/posters on support for learners experiencing mental health difficulties and place in learner support areas, canteen, toilets and in registers.	Liaise with Learner Services and marketing department.	Now

Action Plan

Aim – the statement you wish to comply with	What needs to happen	By whom	By when

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(Photocopy for extra copies)

Appendices

Glossary of mental health roles and support services

Advocate	An advocate speaks on behalf of someone, representing their interests, and sometimes providing the underpinning information which may help them to know what they want and need. Advocates may be paid or voluntary.
Approved social worker (ASW)	Some social workers undergo specific training in mental health and this is in addition to their basic qualifications. They are 'approved' by the local authority so that they can carry out assessments in order to determine if someone needs to be admitted to hospital under the Mental Health Act (1983). ASWs have a responsibility to consider alternatives to compulsory hospital admission.
Assertive outreach	Another response being introduced in a widespread way across the country is the development of assertive outreach teams. These teams consist of workers from different mental health 'disciplines' together with support workers who provide direct day-to-day help on a one-to-one basis as and when it is needed. Assertive outreach is a model used to respond to people with complex and ongoing mental health difficulties, to maintain their health and involvement in their homes and communities, and to reduce the disruption and trauma of periods in hospital. The philosophy of this kind of treatment and care also supports the connections with education providers, employment initiatives and voluntary organisations.
Befriender	Is usually a volunteer who has been trained and supervised so that they can offer regular support to someone with a mental health difficulty. This is particularly helpful if that person is on their own, if they are anxious about going out or if they feel isolated.
Care manager	A care manager works with people who have complex needs, and those who may need the support of several different agencies. S/he will make an assessment of needs and will put together and organise a 'care package'. S/he will monitor how this is implemented, and how successful it is in addressing the needs which have been identified. Care managers are not involved in direct service delivery.

Community psychiatric nurse (CPN)	CPNs generally have specialist psychiatric training, and they work with patients in the community. Their roles and work areas can vary considerably, from administering 'depot' injections (slow release medication), through to helping with coping strategies or anxiety management. Nurses who have trained specifically to work in psychiatric hospitals are called 'RMNs (Registered mental nurse).
Counsellors	Counsellors are trained to offer 'talking treatments' – alternative or additional ways of responding to mental health difficulties. Counselling is usually available privately and costs vary, but it is sometimes offered through GPs as alternatives to medication, or in addition to medication. Other talking treatments include psychoanalysis and psychotherapy – training for these disciplines may be longer.
General Practitioner (GP)	GPs are often the first port of call for someone who is stressed or distressed, and is estimated that between a quarter and a third of a GP's workload is concerned with emotional or psychological difficulties. GPs deal with most mental health problems without referring to other services, although an increasing number of practices offer access to counsellors, practice therapists or CPNs.
Job coach/mentor	Will help someone with a mental health difficulty to get back to activity, education and employment. They will do this in a variety of ways, depending on the individual's needs. Help might include travel training, support while at work or college, liaison with other supporting agencies and development of the personal skills needed.
Practice Therapist	One of the developments which has occurred as a result of the National Service Framework for mental health is the establishment of practice therapists who are based in GP surgeries to work with people who have common mental health problems. Practice therapists may use a variety of 'talking treatments', including counselling, cognitive therapy or psychotherapy. People are referred to them, and the service is free of charge, although the intervention may last for a limited and specified period of time.
Psychiatrist	A psychiatrist is a qualified doctor who has done additional training in order to gain qualifications and experience in mental illness. There are various specialisms within psychiatry, such as working with the elderly, with children and adolescents, or within forensic services for mentally disordered offenders. A 'consultant psychiatrist' has the overall responsibility for patients' care, and other doctors trained in psychiatry will be part of the team and will also see patients on a regular basis. Psychiatrists may be based in hospitals or in the community and

	although they often treat by prescribing medication, they may be part of a multi-disciplinary team which assesses patients and then offers a number of different ways of responding to mental health difficulties.
Psychologist	A psychologist working in mental health will have done further studies in clinical psychology in addition to a first degree in psychology. Psychologists have specialist training in the ways in which people think, feel and behave. They use this training to assess people's difficulties, and to develop ways of dealing with them. These interventions may involve many different approaches including cognitive therapy or psychotherapy, but psychologists do not prescribe medication. Psychologists can be based in teams or within hospital departments, or they may provide a 'stand alone' service.
Self-help groups	Increasingly self-help groups are being valued and used by people with mental health difficulties, and by other mental health services. This is because it is recognised that people who have experienced mental health difficulties are the ones who have the greatest awareness of what it feels like, and what can help. Self-help groups may be focused on any number of things (e.g. support for people experiencing anxiety and panic, or for people who hear voices).
Service user groups	These are groups of people who have used mental health services, who are consulted by statutory and voluntary sector providers for information and advice about the development and improvement of psychiatric services. They sometimes formally represent other service users on planning groups and forums, and they may have received training and ongoing support (often peer support) in order to do this in the most effective way.
Social worker	Social workers may have different functions in different organisational structures. They may complete assessments, or provide practical information and support about accommodation, finances, or appropriate specific services such as respite or day care provision. In some areas they are part of multi-disciplinary teams, such as CMHT's (Community Mental Health Teams).
Support worker	'Support worker' is a term used by various agencies in both statutory and voluntary sectors. Teams such as assertive outreach, or intensive community support, will rely on support workers who are employed to provide practical and personal support for people (e.g. with travel, budgeting, shopping or household management) often on a one-to-one basis, and at all times during the week. Support workers may be employed for their experience and skills rather than their professional qualifications, although increasingly their contribution is valued and

	recognised through opportunities to study for relevant qualifications (e.g. the Certificate in Community Mental Health Care).
Voluntary sector organisations	There are many voluntary (non-profit-making, often with charitable status) organisations providing mental health support and information, as well as specific and specialist services. Contrary to popular belief, although they may recruit and train volunteers, these organisations are usually staffed by paid workers who often have the same qualifications and experience as 'professional' staff in the statutory sectors. Because they are often locally and psychologically accessible, voluntary organisations often make crucial and 'front line' contact with people who use mental health services.
Welfare rights/ money advice workers	Mental health difficulties can cause serious financial problems and create complex situations with benefits and entitlements. These workers give practical advice and help to people either in person or through telephone contact. They may also help with processes such as appealing to tribunals, or benefits assessments.

Glossary of mental health diagnoses and treatments

Anxiety	This is constant and unrealistic worry about any aspect of an individual's life. It can cause restlessness and sleeping problems as well as physical symptoms such as increased heartbeat, upset stomach, tremors and muscular tension.
Common mental health difficulties	This includes problems such as depression, anxiety or sleep disorders, but are sometimes classed as common mental health difficulties because they are so prevalent. In fact, current figures estimate that as many as one in four of us will seek help at some point in our lives for such problems. Difficulties such as these can often be triggered by life events such long periods of illness, bereavement, stress, unemployment, or redundancy or physical, verbal or emotional abuse.
Community care	Community care can be a package of care to support an individual through a crisis while they remain in their own home in a residential crisis centre, instead of going into hospital. Community care can also be a package of care to enable people with long-term mental health difficulties to live independently. Services provided can include day centres, housing with care and support, help with employment, support groups, advocacy services, social clubs, welfare rights advice and befriending schemes.
Depression	This is characterised by a lowered mood. People who are depressed can feel hopeless, worthless, unmotivated and exhausted. It can cause sleep disturbance, loss of appetite and lowered self-esteem. It can seriously affect an individual's ability to engage with daily activities and can affect physical health.
Hospital treatment	When people are very ill, hospitals can be a place of protection and provide an opportunity to thoroughly assess a person's needs. However, they can also be very distressing with little privacy and it can be frightening to be with other people acting in a disturbed way. Many people will voluntarily go into hospital when they are ill, but some people have to be compulsorily admitted under the Mental Health Act 1983.
Manic depression	This is characterised by mood swings from deep depression to extreme elation or 'highs'. Hyperactivity, scattered ideas, easy distraction, irritability, recklessness and loss of inhibition can occur during manic episodes.

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Medication	There are a variety of drugs used to treat mental health difficulties, such as drugs to help people calm down, sleep, lift depression and control disturbing thoughts. Undoubtedly medication can be very positive and enables millions of people daily to carry on with their lives but medication cannot cure mental health difficulties. There are also negative aspects to medication. They can cause nasty and unpleasant side effects which can seem worse than the condition they were supposed to treat. Some medications such as tranquillisers can be highly addictive. Major tranquillisers, such as those used to treat schizophrenia can cause permanent damage to the central nervous system.
Neurosis	This is a catchall term to include problems such as depressions, anxiety or phobia. The defining feature is that individuals are thought to be in touch with reality and well aware that there is something wrong.
Obsessive-compulsive disorder	People with obsessive-compulsive disorder, or OCD, can have extremely distressing and frightening thoughts over which they feel they have no control and which may emerge at any time. They may believe that harm will some to them or others and that they must act in a certain way to prevent it, such as repeatedly washing their hands, or counting, checking switches and locks. They may develop rituals that will neutralise the devastating thought. No matter how absurd or unrealistic the thought may be, they cannot be discussed or reasoned away. The fear and distress of such thoughts can cause anxiety, trembling, increased heartbeat, tremors and tension similar to that experienced when we are faced with real danger.
Panic attacks	These are sudden, unexpected bouts of terror, characterised by shortness of breath, heart palpitations, chest pain, choking, trembling and fainting. They can occur at any time.
Phobias	Phobias are an unreasonable fear of a situation or object. Most of us can relate to a phobia such as fear of heights, snakes, thunder and lightning. For some people, phobias can cause a major disruption to their life, however, for example, someone with agoraphobia may be so frightened to go out that they remain isolated within their own home.
Psychosis	This is used to describe illnesses such as schizophrenia or manic depression. Individuals are believed to have lost touch with reality and be unaware that there is a problem. Some people may have psychotic episodes, a period of disturbed thinking or erratic behaviour, which may be interspersed with periods where they are well, rational and calm.

Schizophrenia	Schizophrenia is characterised by distorted thoughts and perceptions. This can include hallucinations, hearing voices, delusions and paranoia. People with schizophrenia can become confused and withdrawn. It can be very debilitating and severely interfere with a person's ability to perform everyday tasks and activities. Some people only have one schizophrenic episode in their life and make a full recovery, others have schizophrenia all their lives but it is well controlled with medication and some experience the full effects of schizophrenia without relief. However, contrary to popular belief, people with schizophrenia are rarely violent.
Self-harm	Self-harm is committing acts which cause personal harm and can range from failure to give attention to one's own physical or emotional needs to direct forms of cutting, burning, or injury through taking toxic substances. Self-harm also includes eating distress and addictive behaviours. Self-harm has in the past been seen as 'attention-seeking' or 'manipulative' behaviour, but it perhaps is more constructively viewed now as an 'inner scream' or a symbolic way of expressing deep distress.
Self-help	This is based on the principle that we do not have to rely solely on others for mental health support or treatment and that we all have the capacity to improve and maintain our own mental health. Self-help can involve learning to relax, taking regular exercise, asserting ourselves and standing up for ourselves, expressing our feelings, facing up to problems, finding somebody to talk to and setting goals.
Talking treatments	Talking treatments can be used as an alternative or in conjunction with medication. It can involve counselling, usually around a specific life event such as bereavement; cognitive therapy to help people overcome depression and phobias or psychotherapy during which individuals can address deep underlying personal issues.

If you want to know more about specific mental health difficulties there is an excellent series of booklets published by MIND called "*Understanding.....*". These can be downloaded from the internet or are available at a very reasonable cost. You may want to consider getting a set to put in your libraries or learning centres so that they are available for learners and staff to read.

Disability Discrimination Act (SENDA)

In September 2002, Part Four of the Disability Discrimination Act came into force. Part Four brought education under the Disability, Discrimination Act, giving all staff (teaching and non-teaching) duties in relation to disabled learners.

The Disability Discrimination Act give learners with disabilities new rights to ensure that they are not overtly discriminated against – by being refused opportunities or resources because of their disability for example, and more covertly by being patronised or pitied.

Under the Act, learners may be discriminated against in two ways. The first is by being treated 'less favourably' for reasons related to their disability. For example, a person with mental health difficulties may be unfavourably treated because a tutor may be fearful of people with mental health difficulties and holds incorrect ideas about what mental illness is. The second way is by failing to make 'reasonable adjustments'. The Code of Practice which accompanies the Act has examples of what these might be. Some adjustments may require additional resources but many simply require an understanding of the learner's particular requirements.

- For example, an individual wants to do a computer course but has an obsessive compulsive disorder that has given him a morbid fear of touching things because he fears that he will pick up germs that will spread diseases. When talking through this difficulty with the tutor it transpires that if he has touched something once then he will be okay to touch it again. The tutor and the learner agree that the learner will always use the same computer and that the tutor will keep a supply of computer wipes and will give each keyboard a quick clean at the start of each class.

Disclosure and confidentiality

If a learner has not disclosed a disability they might not be able to prove that they have been discriminated against. The learning provider does however, have to take reasonable steps to encourage disclosure.

How a learning provider encourages this is covered in the pack in the sections on marketing, referrals, enrolment and guidance. However, the language used is important, as people with mental health difficulties may not necessarily see themselves as disabled though they may feel that they have particular requirements.

If a learner has disclosed a disability or additional need to one person then under the Act the whole institution is deemed to know. When working with learners with mental health difficulties this can raise concerns because of the stigma attached to mental health. Time needs to be spent talking and agreeing with the learner how and what information is passed on, to whom and why it is passed on. Working on the basis that you only need to know how an

individual's mental health will affect their learning will help you and the learner to sort out what information is passed on and to whom. It can also be useful to be clear on who doesn't need to know, e.g. tutors within the same team who will not be teaching that learner.

Sometimes a learner may not want to disclose their mental health needs. This needs to be respected although it can make it difficult to put into place all the 'reasonable adjustments'.

However, in general people with mental health difficulties will be comfortable in disclosing their mental health needs if they feel the learning provider will be positive and supportive and that what they disclose will enable them to get the necessary support to be successful and enjoy their learning.

Further details on the Disability Discrimination Act can be obtained from www.drc-gb.org.

The Common Inspection Framework

The Common Inspection Framework came into effect on 1st April 2001. It sets out principles applicable to the inspections of post-16 non-higher education and training. Inspections are carried out by the Office for Standards in Education (OFSTED) and the Adult Learning Inspectorate (ALI).

Adult and Community Learning, which includes that which engages with 'vulnerable' groups such as people with mental health difficulties, is inspected by the Adult Learning Inspectorate.

The Adult Learning Inspectorate inspects all forms of adult and community learning financed wholly or partly from public funds. This includes provision funded from sources such as the Single Regeneration Budget, the European Social Fund and New Deal for Communities.

Inspectors examine provision in local authority, community and voluntary and further education sectors.

Inspectors interpret the Common Inspection Framework in ways that are sensitive to the values and purposes of the provision being inspected. Nevertheless, inspectors need to ascertain how participants gain in knowledge and skills and grow in effectiveness as a direct consequence of learning.

Further information on the Common Inspection Framework can be obtained from www.dfes.ali.gov.uk.

National Service Framework

In 1999, the government published the National Service Framework for Mental Health (NSF). This was the first of its service frameworks, which have been designed and structured to provide information about priorities and standards which will apply consistently across all areas and localities. In the NSF for Mental Health there are seven standards.

National Service Framework for Mental Health

1. Health promotion and awareness of mental health issues (schools, colleges and workplaces are specified in the guidance).
2. Primary care and the assessment and treatment of people with 'common mental health problems'. (Primary care is care available through the first point of contact, i.e. through GP practices).
3. Access to services for people with 'common mental health problems'.
4. Services for people with severe mental illness – the care programme approach.
5. Services for people with severe mental illness – access to adequate and appropriate services.
6. Caring about carers of people with mental health difficulties.
7. Prevention of suicide.

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Models*, Executive Summary, London, The Stationery Office.

The NSF sets out standards, targets and performance indicators which apply across the boards. These should have the effect of significantly improving care and provision for people with 'common' and 'severe' mental health difficulties, as well as their carers, wherever they are.

Through its clarity about standards and targets, the NSF is also affecting collaborative working. Previously this was dependent on locally-forged relationships between agencies – again these were patchy, and sometimes dependent on local funds and goodwill. National standards and targets have provided a more widespread and accepted motivation for inter-agency collaboration. For example, the establishment of early intervention services in each area has been set as a national development target. These services aim to respond to the needs of people with psychotic symptoms. Traditionally, people experiencing psychotic symptoms (where thoughts, feelings and actions become distorted and may appear unconnected to reality) have been offered treatment involving periods in hospital and long-term medication.

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These are interventions which can be particularly problematic for young people, and for many of them this has led to 'non-compliance' and a disengagement with services, with all the problems this can bring. New approaches to these problems are particularly significant for education providers, youth services and voluntary organisations, as the features of early intervention positively encourage contact with community, education and employment initiatives, and the planning of activities, prospects and career paths which would apply to any person.

Education providers now have more opportunities for effective networking with mental health services than ever before. This active interest from health and social services professionals is an important step forward in tackling stigma and prejudice, and making headway with the inclusion agenda.

It is advisable and important that policies and procedures within education establishments should encourage and require practice which is inclusive and supportive. Local mental health services may well introduce and support their clients, but increasingly students will enrol independently. This has implications for the way things are done, and many of this guide addresses these issues. Inclusive practice which is already established is far more likely to retain students than practice which is reactive and not thought through.

Useful contacts, websites and publications:

Counselling services

British Association for Counselling and Psychotherapy
BACP House
35–37 Albert Street, Rugby, CV21 2SG
Tel: 0870 4435252
Email: bacp@bacp.co.uk
www.bacp.co.uk
www.studentcounselling.org

Data protection

The Data Protection Act
Data Protection Commissioner
Wycliffe House
Water Lane
Wilmslow, Cheshire SK9 5AF
Tel: 01625 545700 (switchboard)

Frequently asked questions: www.dataprotection.gov.uk/faqreg.htm
E-mail notification: data@notification.demon.co.uk
E-mail: data@dataprotection.gov.uk

Disability Discrimination Act and Disability Rights Commission: www.drc-gb.org

Ethnic mental health organisations

Black Mental Health Resource Centre (BMHRC): Bushberry House, St Mary's Road, Leeds, LS7 3JX Tel: 0113 237 4229. Provides individual counselling, support, self-help groups, information and advice for the African, Afro-Caribbean and Asian communities. Services are currently provided in English, Punjabi and Urdu.

The Vietnamese Mental Health Project: 49 Effra Road, Unit 23, London SW2 1BZ Tel: 020 733 6179. Provides advice for Vietnamese people with mental health difficulties and their families by giving advice, counselling and consultation on mental health issues to the Vietnamese community.

Afro-Caribbean Mental Health Services: Community Research, 339 Stretford Road, Hunne, Manchester, M15 4ZY Tel: 0161 226 5412. Provides advocacy services, research, counselling and training/lecturing consultancies, mainly in race and mental health but also in cultural awareness.

Exams

Association of Managers of Student Services in Higher Education (AMOSSHE); 'Duty of Care'; good practice on examination arrangements: www.amosshe.org.uk.

Finance

Hardship: www.dfes.gov.uk/studentsupport

Disabled Students Allowance (DSA) students with mental health difficulties may be eligible for help with extra costs as a result of attending a course and as a direct result of their mental health difficulties. Documentation will be required by the LEA and an independent assessment may be needed. See 'Bridging the Gap' (DfES).

Hardship funds/loans: many organisations may have these internal welfare funds to support students who need extra help or NHS funds. Handling of such allocations may have to be done very carefully because of the complexities regarding declaration of mental health difficulties and confidentiality.

Community Legal Services: www.justask.org.uk

Helplines

SANELINE: 0845 7678000

SAMARITANS: 0845 7909090

THRESHOLD: Women and Mental Health Information 0845 3000911

GAMCARE: Gambling counselling 0845 6000133

DRUGS HELPLINE: 24-hour 0800 7766 00

ALCOHOLICS ANONYMOUS: 0845 7697555

SEXUAL HEALTH INFORMATION HELPLINE: 0800 567123

NHS DIRECT: 0845 4647

PAPYRUS (PAPYRUS PREVENTION OF YOUNG SUICIDE)
Rossendale GH, Union Road, Rawtenstall, Lancs BB4 6NE
Tel/Fax: 01706 214449
E-mail: info@papyrus-uk.org

HealingWell.com: www.healingwell.com

Mental Health Foundation, UK Office, 7th Floor, 83 Victoria Street, London SW1H 0HW

Mental Help Net: www.mentalhelp.net

Obsessive-Compulsive Foundation: www.ocfoundation.org

Sainsbury Centre for Mental Health, 134-138 Borough High Street, London SE1 1LB

Organisations

CRUSE Bereavement Centre	126 Sheen Road, Richmond, Surrey TW9 1UR	Tel: 0280 940 4818 Website: cruisebereavementcare.org.uk Email: helpline@crusebereavementcare.org.uk	Offers counselling services to those suffering from bereavement
Department of Health	The Department of Health Richmond House 79 Whitehall London SW1A 2NS	Tel: 0207 210 4850 (9am–5pm) Monday to Friday). Minicom: 0207 210 5025. Email: dhmail@doh.gsi.gov.uk Website: www.doh.gov.uk/contactdh.html	
Jewish Association for the Mentally Ill (JAMI)	Jami House 131 Golden Green Road London NW11 8HS	Tel: 020 8458 2223 Fax: 020 8458 1117 Website: www.mentalhealth-jami.org.uk	
MANIC DEPRESSION FELLOWSHIP	Castle Works, 21 St. Georges Road, London SE1 6ES	Tel: 020 7793 2600 Fax: 020 7793 2639 Email: mdf@mdf.org.uk Website: www.mdf.org.uk	
MANIC DEPRESSION FELLOWSHIP WALES,	1 Palmyra Place, Newport, South Wales NP20 4EJ	Tel: 01633 244244 Fax 01633 244111 Email: info@mdfwales.org.uk Website: www.manicdepressionwales.org.uk	

Organisations

MIND	Granta House, 15-19 Broadway, Stratford, London E15 4BQ	Tel: 020 8519 2122 Fax: 020 8522 1725 Email: contact@mind.org.uk Website: www.mind.org.uk Information helpline: 0845 7660163	A national organisation working for a better life for people diagnosed, labelled or treated as having mental illness.
NIACE (The National Organisation for Continuing Adult Education)	Renaissance House, 20 Princess Road West, Leicester LE1 6TP	Tel: 0116 2044200 Fax: 0116 2854514 Email: enquiries@niace.org.uk Website: www.niace.org.uk	Has a broad remit to promote lifelong opportunities to adults, and develop increased participation in education and training for those who do not have easy access to education.
NIMHE (National Institute of Mental Health in England)	2nd Floor, Blenheim House, West One, Duncombe Street, Leeds LS1 4PL	Tel: 0113 2543811 Website: www.nimhe.org.uk	
NO PANIC	93 Brands Farm Way, Telford, Shropshire TF3 2JQ	Tel: 01952 590005 Helpline: 0808 8080545 Email: ceo@nopanic.org.uk Website: www.nopanic.org.uk	

Organisations

RETHINK (Previously the National Schizophrenia Fellowship)	Rethink Head Office 30 Tabernacle Street London EC2A 4DD Registered Office: 28 Castle Street, Kingston upon Thames, Surrey KT1 1SS	Tel: 020 8547 3937 Fax: 020 8547 3862 Email: info@rethink.org.uk Website: www.rethink.org	Provides information and services pertaining to people diagnosed with schizophrenia and their relatives, friends and carers.
Rethink Disability Ltd	Red Gables, Ipswich Rd, Stowmarket, Suffolk. IP14 1BE	Tel: 01449 672781 Email: dial@rethink-disability.org.uk Website: http://www.rethink-disability.org.uk	
RETHINK NATIONAL ADVICE SERVICE		Tel: 020 8974 6814 (10am-3pm Monday-Friday) Email: Advice@nsf.org.uk	
SANE	2nd Floor, 199-205 Old Marylebone Road,	Website: www.sane.org.uk London NW1 5QP	Promotes care, awareness and research in schizophrenia and other mental health illnesses. It has a comprehensive database of organisations and self-help groups and can refer enquirers to local services.

Organisations

SKILL (National Bureau for Students with Disabilities)	Chapter House, 18-20 Crucifix Lane, London SE1 3JW	Tel: 02074500620 Website: www.skill.org.uk Email: info@skill.org.uk Information office 0800 3285050	
THE NATIONAL PHOBICS SOCIETY	Zion Community Centre, 339 Stretford Road, Hulme, Manchester M15 4ZY	Tel: 0870 7700 456 Email: natphob.soc@good.co.uk Website: www.phobics-society.org.uk	
THE SAMARITANS	10, The Upper Mill Kingston Road Ewell Surrey KT17 2AF	Tel: 0208 3948300 Email: jo@samaritans.org Website: www.samaritans.org.uk	Offers confidential counselling to everyone passing through a difficult period of personal crisis and at risk of taking their own lives.
Zito Trust	16 Castle Street, Hay-on-Wye, Hereford HR3 5DF	Tel 01497 820011 E-mail: zitotrust@btinternet.com Website: www.zitotrust.co.uk	

Publications

Bates, P. (ed) (2002). *Working for Inclusion – making social inclusion a reality for people with severe mental health problems*, Sainsburys Centre for Mental Health.

Essylt George, University of Wales Institute, Cardiff; Kate Croucher, Middlesex University, Caroline Harvey, Coventry University. *Advising students and graduates with mental health difficulties, Disability Development Network*. Copies can be obtained from Val Farrar, University of Central Lancashire. Email: vfarrar@uclan.ac.uk (Tel. 01772 892584).

James, K. (2001) *Prescribing Learning: A guide to good practice in learning and health*, NIACE

Jamison, K. R. (1997) A*n Unquiet Mind. A Memoir of Moods and Madness*, Picador

Jowett, S., White, E. and D'Uva, A. (Sept 2000) *An Evaluation of the Stepping Stones Programme – A collaborative study by Social Policy Research* at PAS and University of Keele, unpublished.

Mental Health Service Users Workshop (July 1999) *Personal Perspectives of Education*, First Steps Conference, unpublished.

Mentality ((2001) *Making it Happen, A guide to delivering mental health promotion*, Department of Health

MIND (2000) *Counting the Cost: Mental Health in the Media*, MIND

MIND (2000) *Understanding Mental Illness*, MIND

Mind Out for Mental Health (2001) *Working Minds Toolkit: A practical resource to promote good workplace practice on mental health*, Mind Out

Nashashibi, P (2002) *Learning in Progress. Recognising achievement in adult learning*, NIACE and LSDA.

NIACE: *Pathways for Inclusion: Widening Participation in Post-16 Education, an A-Z of Educational Practices for Mental Health*. www.niace.org.uk

Open University Teaching Toolkit: *Supporting Students with Mental Health Difficulties*

Student Mental Health Manual (Dec 2002), www.studentmentalhealth.org.uk.

Wertheimer, A. (1997) *Images of Possibility: Creating learning opportunities for adults with mental health difficulties*, NIACE

Refugees and asylum seekers

Useful websites include:

www.nncr.org (United Nations Commission for Refugees)

www.guardianunlimited.co.uk and look under 'big issues'

Immigration and Asylum Act: http://www.homeoffice.gov.uk/iaact/immigact.htm

tAPir : The Anxiety Panic Internet Resource Website: www.algy.com/anxiety

Learning journeys

A handbook for tutors and managers in adult education working with people with mental health difficulties

Joy Mather and **Sue Atkinson**

This handbook provides a learner-centred approach for those who work with students with mental health difficulties. Tracking the journey from mental health services into learning opportunities, it explores:

- how mental health difficulties can affect people in their learning;
- how learning providers can assist access and support learning;
- what people with mental health difficulties gain from accessing learning; and
- the support needs of tutors working with learners with mental health difficulties.

Interspersed with learners' voices and case studies, this publication offers the opportunity to reflect not only on how organisations support learning from a learner's perspective, but also on how this support can promote good mental health in the learners.

This publication is very timely given the passing of the Disability Discrimination Act Part 4 and the establishment of the National Service Framework for Mental Health. It will provide an invaluable source of support to managers and practitioners in adult and further education who work with learners with mental health difficulties.

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